

State: District of Columbia
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only
- Other
Product Name: DC-SG-UHCMA-2018-01
Project Name/Number: /

Filing at a Glance

Company: UnitedHealthcare of the Mid-Atlantic, Inc.
Product Name: DC-SG-UHCMA-2018-01
State: District of Columbia
TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02G.004E Small Group Only - Other
Filing Type: Rate
Date Submitted: 05/01/2017
SERFF Tr Num: UHLC-131016390
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num:

Implementation: 01/01/2018
Date Requested:
Author(s): Bonnie Barboza, Daniel Akier, Esther Drew, Sarah French, Michelle Lorenzo, Sarah Mackey
Reviewer(s): Efren Tanhehco (primary), John Morgan, Damon Siler, Dave Dillon
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

State: District of Columbia
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only
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Filing Company: UnitedHealthcare of the Mid-Atlantic, Inc.

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small
Group Market Type: Overall Rate Impact:
Filing Status Changed: 05/02/2017
State Status Changed: Deemer Date:
Created By: Sarah Mackey Submitted By: Sarah Mackey
Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

We are proposing to set our 1st quarter 2018 rates on average 10.2% higher than our current 1st quarter 2017 rates. In addition, we are filing for quarterly rate increases as follows: 2Q18 +2.1%, 3Q18 +2.2%, 4Q17 +2.1%. These quarterly rate increases are equivalent to an annual 8.7% trend rate.

The proposed rates and rate factors are in Exhibit 1. Benefit plan descriptions are in Exhibit 2, which also displays the metal level and actuarial value of each benefit plan.

Company and Contact

Filing Contact Information

Daniel Akier, daniel_c_akier@uhc.com
185 Asylum St 860-702-5868 [Phone]
Hartford, CT 06103 860-702-9408 [FAX]

Filing Company Information

UnitedHealthcare of the Mid-Atlantic, Inc.	CoCode: 95025	State of Domicile: Maryland
4 TAFT COURT	Group Code: -99	Company Type: HMO
ROCKVILLE, MD 20850	Group Name:	State ID Number: 21066
(952) 992-5878 ext. [Phone]	FEIN Number: 52-1130183	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

SERFF Tracking #:	UHLC-131016390	State Tracking #:	Company Tracking #:
State:	District of Columbia	Filing Company:	UnitedHealthcare of the Mid-Atlantic, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
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Rate Information

Rate data applies to filing.

Filing Method:	Review & Approval
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	7.000%
Effective Date of Last Rate Revision:	01/01/2017
Filing Method of Last Filing:	Review & Approval

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
UnitedHealthcare of the Mid-Atlantic, Inc.	Increase	9.500%	9.500%	\$24,879	43	\$261,882	14.000%	-2.000%

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Rate Review Detail

COMPANY:

Company Name: UnitedHealthcare of the Mid-Atlantic, Inc.
HHS Issuer Id: 21066

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
HMO	21066DC001		127

Trend Factors: The current annual trend factor is 7.1% The proposed 2018 annual trend factor is 8.7%

FORMS:

New Policy Forms: POL.SHOP.H.2018.SG.DC, COC.SHOP.H.2018.SG.DC, SBN.CRE.H.2018.SG.DC.GO10, SBN.CRE.H.2018.SG.DC.GO11 , SBN.CRE.H.2018.SG.DC.SL8, SBN.CRE.H.2018.SG.DC.SL11, SBN.CRE.H.2018.SG.DC.BR4, SBN.CRE.H.2018.SG.DC.BR5, SBN.NAV.H.2018.SG.DC.GO10, SBN.NAV.H.2018.SG.DC.GO11 , SBN.NAV.H.2018.SG.DC.SL8, SBN.NAV.H.2018.SG.DC.SL11, SBN.NAV.H.2018.SG.DC.BR4, SBN.NAV.H.2018.SG.DC.BR5, RID.PDS.NET.H.2018.SG.DC, RID.PVCS.NET.H.2018.SG.DC, RID.RX.NET.H.2018.SG.DC, SBN.RX.NET.H.2018.SG.DC.104075, SBN.RX.NET.H.2018.SG.DC.NONE, RID.REALAP.H.2018.SG.DC

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Quarterly
Member Months: 1,004
Benefit Change: Increase
Percent Change Requested: Min: -2.0 Max: 14.0 Avg: 9.5

PRIOR RATE:

Total Earned Premium: 261,882.00
Total Incurred Claims: 207,638.00
Annual \$: Min: 145.49 Max: 737.21 Avg: 260.84

REQUESTED RATE:

Projected Earned Premium: 286,761.00
Projected Incurred Claims: 226,862.00
Annual \$: Min: 145.64 Max: 836.85 Avg: 285.62

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Filing Exhibits		Revised	Previous State Filing Number: UHLC-130538514 Percent Rate Change Request: 7	DC-SG-UHCMA-Exhibits 2018-01.pdf,

Rate Factors**Exhibit 1****(1) Base Rate:** \$560.80**(2) Benefit Plan Ratios**

CORE Plans					
Product	Medical Plan Name	Rx Plan Name	Metal Level	Actuarial Value	Plan Ratio
Core	AT-ZN	591	Gold 10	82.0%	0.6312
Core	AT-Z1	593	Silver 8	71.7%	0.5120
Core	AT-YY	725	Bronze 5	65.0%	0.4500
Core-HSA	AT-ZL	591	Gold 11	79.6%	0.6842
Core-HSA	AT-ZH	591	Silver 11	69.5%	0.5471
Core-HSA	AT-YW	575	Bronze 4	60.2%	0.4094

Navigate Plans					
Product	Medical Plan Name	Rx Plan Name	Metal Level	Actuarial Value	Plan Ratio
Navigate	AT-ZF	591	Gold 10	82.0%	0.6123
Navigate	AT-ZG	593	Silver 8	71.7%	0.4966
Navigate	AT-ZC	725	Bronze 5	65.0%	0.4365
Navigate-HSA	AT-ZE	591	Gold 11	76.4%	0.6171
Navigate-HSA	AT-ZD	591	Silver 11	66.2%	0.4673
Navigate-HSA	AT-ZB	575	Bronze 4	60.2%	0.3971

(3) Effective Date Adjustment Factors (EDA's)

<u>Effective Quarter</u>	<u>Trend</u>
1st Quarter, 2018	1.000
2nd Quarter, 2018	1.021
3rd Quarter, 2018	1.043
4th Quarter, 2018	1.065

(4) Age Factors

<u>Age</u>	<u>Factor</u>	<u>Age</u>	<u>Factor</u>	<u>Age</u>	<u>Factor</u>
0-20	0.654	35	0.876	50	1.431
21	0.727	36	0.896	51	1.487
22	0.727	37	0.916	52	1.545
23	0.727	38	0.927	53	1.605
24	0.727	39	0.938	54	1.668
25	0.727	40	0.975	55	1.733
26	0.727	41	1.013	56	1.801
27	0.727	42	1.053	57	1.871
28	0.744	43	1.094	58	1.944
29	0.760	44	1.137	59	2.020
30	0.779	45	1.181	60	2.099
31	0.799	46	1.227	61	2.181
32	0.817	47	1.275	62	2.181
33	0.836	48	1.325	63	2.181
34	0.856	49	1.377	64 & older	2.181

DC Small Group - 2018 Portfolio - UnitedHealthcare of the Mid-Atlantic, Inc.

Exhibit 2

Product	Plan Name		SCID	Metal Level	Act'l Value	Plan Ratio	In-Network					Copayments								Medical Deduct. Type								
	Medical	Rx					Deductible		Coins	OOP Maximum		PCP	SCP	UC	ER	OP Surgery		IP	Deduct.		Tier 1	Tier 2	Tier 2 Spec.	Tier 3	Tier 3 Spec.	Tier 4		
							Indiv.	Family		Indiv.	Family					Free-St.	Hospital											
Core	AT-ZN	591	21066DC0010019	Gold 10	82.0%	0.6312	\$750	\$1,500	80%	\$5,000	\$10,000	\$20	\$40	\$20			\$250	POD	Emb	Sep		\$10	\$40	\$120	\$75	\$150	N/A	
Core	AT-Z1	593	21066DC0040003	Silver 8	71.7%	0.5120	\$2,000	\$4,000	70%	\$7,300	\$14,600	\$50	\$100	\$50		\$300		Emb	Sep	\$250	\$10	\$40	\$120	\$75	\$150	N/A		
Core	AT-YY	725	21066DC0040002	Bronze 5	65.0%	0.4500	\$5,250	\$10,500	80%	\$7,350	\$14,700	\$50	\$100	\$50				Emb	Sep	\$500	\$10	\$40	\$120	\$75	\$150	N/A		
Core-HSA	AT-ZL	591	21066DC0010016	Gold 11	79.6%	0.6842	\$1,400	\$2,800	100%	\$3,500	\$7,000	\$10 CAD	\$20 CAD	\$10 CAD	\$100 CAD		\$150	POD	\$250/Admit	Ded NonEmb/OOPM Emb	Comb		\$10	\$40	\$120	\$75	\$150	N/A
Core-HSA	AT-ZH	591	21066DC0010015	Silver 11	69.5%	0.5471	\$2,600	\$5,200	100%	\$6,500	\$13,000	\$25 CAD	\$50 CAD	\$25 CAD	\$150 CAD		\$250	POD	\$500/Admit	Ded NonEmb/OOPM Emb	Comb		\$10	\$40	\$120	\$75	\$150	N/A
Core-HSA	AT-YW	575	21066DC0040001	Bronze 4	60.2%	0.4094	\$6,650	\$13,300	100%	\$6,650	\$13,300								Emb	Comb		\$0	\$0	\$0	\$0	\$0	N/A	
Navigate	AT-ZF	591	21066DC0010017	Gold 10	82.0%	0.6123	\$750	\$1,500	80%	\$5,000	\$10,000	\$20	\$40	\$20			\$250	POD	Emb	Sep		\$10	\$40	\$120	\$75	\$150	N/A	
Navigate	AT-ZG	593	21066DC0050003	Silver 8	71.7%	0.4966	\$2,000	\$4,000	70%	\$7,300	\$14,600	\$50	\$100	\$50		\$300		Emb	Sep	\$250	\$10	\$40	\$120	\$75	\$150	N/A		
Navigate	AT-ZC	725	21066DC0050002	Bronze 5	65.0%	0.4365	\$5,250	\$10,500	80%	\$7,350	\$14,700	\$50	\$100	\$50				Emb	Sep	\$500	\$10	\$40	\$120	\$75	\$150	N/A		
Navigate-HSA	AT-ZE	591	21066DC0010010	Gold 11	76.4%	0.6171	\$2,000	\$4,000	100%	\$3,500	\$7,000	\$10 CAD	\$20 CAD	\$10 CAD	\$100 CAD		\$150	POD	\$250/Admit	Ded NonEmb/OOPM Emb	Comb		\$10	\$40	\$120	\$75	\$150	N/A
Navigate-HSA	AT-ZD	591	21066DC0010009	Silver 11	66.2%	0.4673	\$3,500	\$7,000	100%	\$6,650	\$13,300	\$25 CAD	\$50 CAD	\$25 CAD	\$150 CAD		\$250	POD	\$500/Admit	Ded NonEmb/OOPM Emb	Comb		\$10	\$40	\$120	\$75	\$150	N/A
Navigate-HSA	AT-ZB	575	21066DC0050001	Bronze 4	60.2%	0.3971	\$6,650	\$13,300	100%	\$6,650	\$13,300								Emb	Comb		\$0	\$0	\$0	\$0	\$0	N/A	

Rate Changes - Base Rates, Benefit Plan Ratios and Effective Date Adjustment (EDA) Factors (from Exhibit 1)

Product			Rx	Current - 4th Quarter 2017 Rate				Proposed - 1st Quarter 2018 Rate			% Rate Change 4Q17 to 1Q18	Year Over Year Rate Change			
	2017	2018		Base Rate (a)	Plan Ratio (b)	EDA Factor (c)	4Q2017 Rate = (a x b x c)	Base Rate (d)	Plan Ratio (e)	1Q2018 Rate = (d x e)		Min: -2.0%	Max: 14.0%		
Core	AL-EI	AT-ZN	591	\$477.78	0.7075	1.078	\$364.40	\$560.80	0.6312	\$353.98	-2.9%	4.7%	4.3%	3.9%	3.5%
Core-HSA	AL-D2	AT-ZL	591	\$477.78	0.7043	1.078	\$362.75	\$560.80	0.6842	\$383.70	5.8%	14.0%	13.6%	13.2%	12.7%
Core-HSA	AL-DT	AT-ZH	591	\$477.78	0.5700	1.078	\$293.58	\$560.80	0.5471	\$306.81	4.5%	12.7%	12.2%	11.8%	11.3%
Navigate	AL-DS	AT-ZF	591	\$477.78	0.6862	1.078	\$353.43	\$560.80	0.6123	\$343.38	-2.8%	4.7%	4.3%	3.9%	3.5%
Navigate-HSA	AL-DO	AT-ZE	591	\$477.78	0.6832	1.078	\$351.88	\$560.80	0.6171	\$346.07	-1.7%	6.0%	5.6%	5.2%	4.7%
Navigate-HSA	AL-DM	AT-ZD	591	\$477.78	0.5529	1.078	\$284.77	\$560.80	0.4673	\$262.06	-8.0%	-0.8%	-1.2%	-1.6%	-2.0%
Core		AT-Z1	593	New Benefit Plan				\$560.80	0.5120	\$287.13					
Core		AT-YY	725	New Benefit Plan				\$560.80	0.4500	\$252.36					
Core-HSA		AT-YW	575	New Benefit Plan				\$560.80	0.4094	\$229.59					
Navigate		AT-ZG	593	New Benefit Plan				\$560.80	0.4966	\$278.49					
Navigate		AT-ZC	725	New Benefit Plan				\$560.80	0.4365	\$244.79					
Navigate-HSA		AT-ZB	575	New Benefit Plan				\$560.80	0.3971	\$222.69					

Summary of 1st Quarter 2017 to 1st Quarter 2018 Rate Change

Product	A) 2017-01 Base Rate	B) 2018-01 Base Rate	B / A = Total Increase After Revenue Neutral Adjustment	C) Revenue Neutral Adjustment	(B/(1+C))/A = Total Increase Before Revenue Neutral Adjustment
EPO/POS	\$477.78	\$560.80	17.4%	6.5%	10.2%

New 2018 Benefit Plans

SCID	Product	Metal Level	Plan Name
21066DC0040003	Core	Silver 8	AT-Z1
21066DC0040002	Core	Bronze 5	AT-YY
21066DC0040001	Core-HSA	Bronze 4	AT-YW
21066DC0050003	Navigate	Silver 8	AT-ZG
21066DC0050002	Navigate	Bronze 5	AT-ZC
21066DC0050001	Navigate-HSA	Bronze 4	AT-ZB

Terminated 2017 Benefit Plans

SCID	Product	Metal Level	Plan Name
21066DC0010020	Core	Silver 7	AL-FH
21066DC0010014	Core-HSA	Bronze 4	AL-DU
21066DC0010018	Navigate	Silver 7	AL-FG
21066DC0010011	Navigate-HSA	Bronze 4	AL-DN

2017 Benefit Plans with Plan Changes (Uniform Modification)

SCID	Product	Metal Level	2017 Name	2018 Name	Benefit Plan Changes	Value of Benefit Change on Medical Portion of Rate
21066DC0010019	Core	Gold 10	AL-EI	AT-ZN	Ded from \$600/1200 to \$750/1500 OOPM from \$4800/9600 to \$5000/10000 VV from \$20 to \$10UC from D&C to \$20 Rx Plan to \$10/50/100/250/500 OON OOPM from \$6000/12000 to 10000/20000	1.8%
21066DC0010016	Core-HSA	Gold 11	AL-D2	AT-ZL	UC from \$75 after ded to \$10 after ded Rx Plan to \$10/50/100/250/500	3.4%
21066DC0010015	Core-HSA	Silver 11	AL-DT	AT-ZH	VV from \$25 after to \$10 after ded UC from \$75 after ded to \$25 after ded Rx plan to \$10/50/100/250/500 after ded	3.3%
21066DC0010017	Navigate	Gold 10	AL-DS	AT-ZF	Ded from \$600/1200 to \$750/1500 OOPM from \$4800/9600 to \$5000/10000 VV from \$20 to \$10UC from D&C to \$20 Rx Plan to \$10/50/100/250/500 OON OOPM from \$6000/12000 to 10000/20000	1.8%
21066DC0010010	Navigate-HSA	Gold 11	AL-DO	AT-ZE	Ded from \$1400/\$2800 to \$2000/\$4000 UC from \$75 after ded to \$10 after ded Rx Plan to \$10/50/100/250/500	-3.9%
21066DC0010009	Navigate-HSA	Silver 11	AL-DM	AT-ZD	Ded from \$2600/\$3200 to \$3500/\$7000 OOPM from \$6500/\$13000 to \$6650/\$13300 VV from \$25 after to \$10 after ded UC from \$75 after ded to \$25 after ded Rx plan to \$10/50/100/250/500 after ded	-9.0%

Unchanged 2017 Benefit Plans - Continued into 2018

There are no unchanged benefit plans

Formula & Example

Exhibit 5

Rate Calculation Formula

Monthly premium =

Base Rate
x Plan ratio
x Effective date adjustment (EDA) factor for plan effective or renewal date
x Sum of member age factors for the group

Rating Example

Benefit Plan: Core plan AT-ZN with Rx 591

Effective Date: 1/1/18

Census:

	<u>Member Ages</u>				<u>Age Factors</u>			
	<u>EE Age</u>	<u>Spouse Age</u>	<u>Child #1</u>	<u>Child #2</u>	<u>EE</u>	<u>Spouse</u>	<u>Child #1</u>	<u>Child #2</u>
EE #1	43	41	10	15	1.094	1.013	0.654	0.654
EE #2	35	36	5	9	0.876	0.896	0.654	0.654
EE #3	53	55	19		1.605	1.733	0.654	

Total Members: 11

Sum of Age Factors: 10.487

Rate Calculation

	<u>Rating Factor</u>	<u>Exhibit 1 Location</u>
\$560.80	Base Rate	(1)
0.6312	Benefit Plan Ratio (AT-ZN w 591)	(2)
1.000	EDA Factor (1Q18)	(3)
10.487	Group Age Factor	(4)
<u>\$3,712.16</u>		
Total Monthly Premium		

Revenue Neutrality Adjustment from Benefit Plan Resloping to New Pricing Model

Exhibit 6

License	Plan Name	Metal Level	Product	Rx Plan	2016	2017	Current Model		New Model		Rate Change by Plan
					Members	Base Rate Medical	Plan Ratios & PMPM		Plan Ratios & PMPM		
							Medical	PMPM	Medical	PMPM	
OCI	AE-CM	Platinum 1	HMO	YM	2924	497.13	0.8171	406.20	0.7688	382.19	0.2%
OCI	AJ-EU	Platinum 2	HMO	ZR	1207	497.13	0.8058	400.59	0.7735	384.53	2.2%
OCI	AJ-ET	Platinum 4	HMO	ZU	303	497.13	0.8590	427.03	0.8312	413.21	3.1%
OCI	AM-4N	Gold 8	HMO	YM	463	497.13	0.6767	336.41	0.6076	302.06	-4.4%
OCI	AL-EJ	Gold 10	HMO	YM	432	497.13	0.6862	341.13	0.6203	308.37	-3.7%
OCI	AL-EL	Gold 11	HMO-HSA	YM	0	497.13	0.6832	339.64	0.6617	328.95	3.2%
OCI	AL-EK	Silver 11	HMO-HSA	YM	0	497.13	0.5529	274.86	0.5294	263.18	2.0%
UHCMA	AL-DU	Bronze 4	CORE-HSA	YM	0	477.78	0.4800	229.33	0.3997	190.97	-11.3%
UHCMA	AL-D2	Gold 11	CORE-HSA	YM	0	477.78	0.7043	336.50	0.6617	316.15	0.1%
UHCMA	AL-DT	Silver 11	CORE-HSA	YM	0	477.78	0.5700	272.33	0.5294	252.94	-1.1%
UHCMA	AL-DN	Bronze 4	Navigate-HSA	YM	0	477.78	0.4656	222.45	0.3877	185.24	-11.3%
UHCMA	AL-DO	Gold 11	Navigate-HSA	YM	533	477.78	0.6832	326.42	0.6418	306.66	0.1%
UHCMA	AL-DM	Silver 11	Navigate-HSA	YM	4	477.78	0.5529	264.16	0.5135	245.35	-1.1%
UHCMA	AL-EI	Gold 10	CORE	YM	0	477.78	0.7075	338.03	0.6203	296.37	-6.6%
UHCMA	AL-FH	Silver 7	CORE	D0	0	477.78	0.5849	279.45	0.5048	241.18	-8.1%
UHCMA	AL-DS	Gold 10	Navigate	YM	0	477.78	0.6862	327.85	0.6017	287.48	-6.6%
UHCMA	AL-FG	Silver 7	Navigate	D0	0	477.78	0.5673	271.04	0.4897	233.95	-8.1%
UHIC	60-J	Gold 8	EPO	YM	1315	531.93	0.6767	359.96	0.6076	323.20	-4.4%
UHIC	60-K	Gold 8	POS	YM	2126	531.93	0.6927	368.47	0.6190	329.26	-4.8%
UHIC	AL-D3	Silver 8	EPO	ZT	110	531.93	0.5796	308.31	0.5156	274.26	-5.3%
UHIC	6Y-5	Platinum 3	POS	ZV	0	531.93	0.8178	435.01	0.7456	396.61	-2.9%
UHIC	AL-DC	Gold 1	POS-HSA	YM	0	531.93	0.6635	352.94	0.6528	347.24	4.8%
UHIC	AD-69	Platinum 12	POS	263	0	531.93	0.8841	470.28	0.8383	445.92	1.0%
UHIC	AL-DI	Platinum 13	POS	263	0	531.93	0.8539	454.22	0.8166	434.37	1.9%
UHIC	AL-DJ	Platinum 14	POS	263	0	531.93	0.8907	473.79	0.8437	448.79	0.9%
UHIC	AL-C8	Silver 3	EPO-HSA	YM	0	531.93	0.5477	291.34	0.5243	278.89	2.0%
UHIC	AL-C9	Gold 7	POS-HSA	YM	0	531.93	0.7168	381.29	0.6824	362.99	1.4%
UHIC	AL-DA	Silver 3	POS-HSA	YM	165	531.93	0.5653	300.70	0.5353	284.74	0.9%
UHIC	AD-7H	Platinum 1	POS	YM	4642	531.93	0.8335	443.36	0.7803	415.06	-0.3%
UHIC	AL-JF	Gold 13	EPO	YM	0	531.93	0.7297	388.15	0.6630	352.67	-3.2%
UHIC	AL-JG	Gold 13	POS	YM	0	531.93	0.7464	397.03	0.6747	358.89	-3.7%
UHIC	AL-JH	Silver 11	POS-HSA	YM	0	531.93	0.5707	303.57	0.5402	287.35	0.8%
UHIC	AL-JI	Silver 11	EPO-HSA	YM	0	531.93	0.5529	294.10	0.5294	281.60	2.0%
UHIC	AL-DV	Silver 7	EPO	D0	274	531.93	0.5673	301.76	0.5048	268.52	-5.2%
UHIC	AL-DW	Silver 7	POS	D0	242	531.93	0.5805	308.79	0.5142	273.52	-5.7%
UHIC	AL-DX	Gold 9	POS	YM	2024	531.93	0.7098	377.56	0.6407	340.81	-3.9%
UHIC	AL-DY	Gold 10	POS	YM	3787	531.93	0.7021	373.47	0.6317	336.02	-4.2%
UHIC	AL-JD	Bronze 4	EPO-HSA	YM	0	531.93	0.4656	247.67	0.3997	212.61	-8.6%
UHIC	AJ-EV	Platinum 2	POS	ZR	1599	531.93	0.8202	436.29	0.7839	416.98	1.8%
UHIC	AJ-EW	Platinum 4	POS	ZU	9523	531.93	0.8766	466.29	0.8435	448.68	2.5%
UHIC	AJ-EX	Platinum 5	POS	ZV	4324	531.93	0.8340	443.63	0.7935	422.09	1.3%
UHIC	AJ-EY	Platinum 6	POS	ZU	1286	531.93	0.8611	458.04	0.8209	436.66	1.5%
UHIC	AL-DB	Silver 5	POS-HSA	YM	33	531.93	0.5403	287.40	0.5041	268.15	-0.6%
UHIC	AL-D1	Gold 11	EPO-HSA	YM	0	531.93	0.6832	363.41	0.6617	351.98	3.2%
UHIC	AL-DZ	Gold 11	POS-HSA	YM	0	531.93	0.7032	374.05	0.6738	358.41	2.1%
UHIC	AL-FE	Silver 12	EPO	ZT	0	531.93	0.5777	307.30	0.4812	255.96	-11.3%
UHIC	AL-FF	Gold 14	EPO	ZT	0	531.93	0.6686	355.65	0.5933	315.59	-5.5%

Total 2016 membership in ACA plans:	37316
Average rate PMPM using the current pricing model:	\$419.87
Average rate PMPM using the new pricing model:	\$394.21
Revenue Neutrality Adjustment:	6.5%

Member Months, Earned Premium & Incurred Claim Experience - UHCMA

Month	Members	Earned Premium	Incurred Claims	Claim PMPM	Loss Ratio	Allowed Medical Claims	Allowed Rx Claims	Total Allowed Claims	Paid Medical Claims	Paid Rx Claims	Total Paid Claims	Galaxy Rx Rebate	Claim Reserve
						Prior to Rx Rebate	Prior to Rx Rebate	Prior to Rx Rebate	Prior to Rx Rebate	Prior to Rx Rebate	Prior to Rx Rebate		
Jan-15	9	2,065	151	16.80	7.3%	151	-	151	151.20	-	151	(134)	
Feb-15	13	2,689	218	16.80	8.1%	218	74	292	218.40	-	218	(199)	
Mar-15	15	3,181	462	30.80	14.5%	564	-	564	462.00	-	462	(229)	
Apr-15	16	3,387	328	20.49	9.7%	321	84	404	268.80	59.02	328	(263)	
May-15	19	3,830	542	28.52	14.1%	718	(0)	718	541.85	-	542	(309)	
Jun-15	21	4,235	398	18.95	9.4%	410	153	563	352.80	52.05	405	(346)	
Jul-15	24	4,784	403	16.80	8.4%	403	(0)	403	403.20	-	403	(378)	
Aug-15	31	6,984	521	16.80	7.5%	643	88	730	520.80	-	521	(572)	
Sep-15	30	6,634	739	24.63	11.1%	10,341	291	10,632	4,363.07	74.28	4,437	(1,124)	
Oct-15	33	7,727	1,238	37.52	16.0%	12,886	246	13,132	8,821.95	116.72	8,939	(1,366)	
Nov-15	34	8,234	705	20.73	8.6%	4,749	252	5,001	2,118.04	37.28	2,155	(1,122)	
Dec-15	36	8,869	771	21.42	8.7%	4,290	621	4,910	2,241.44	265.06	2,507	(1,115)	
Jan-16	69	16,220	1,787	25.90	11.0%	2,026	433	2,459	1,594.11	191.16	1,785	(8)	1
Feb-16	73	17,032	1,909	26.15	11.2%	4,168	669	4,838	1,612.22	294.44	1,907	(97)	3
Mar-16	77	18,081	23,422	304.18	129.5%	28,852	955	29,807	23,008.30	305.19	23,313	(15)	108
Apr-16	76	18,392	3,225	42.43	17.5%	5,956	491	6,447	3,076.86	135.41	3,212	(68)	12
May-16	81	19,412	4,207	51.94	21.7%	5,220	389	5,609	4,070.04	118.41	4,188	(49)	19
Jun-16	81	19,236	3,820	47.16	19.9%	7,851	702	8,552	3,540.60	259.31	3,800	(61)	20
Jul-16	80	19,430	4,237	52.96	21.8%	9,362	911	10,273	4,528.41	(338.93)	4,189	(605)	48
Aug-16	85	21,692	4,654	54.75	21.5%	6,090	405	6,495	4,346.02	241.82	4,588	(16)	66
Sep-16	86	21,905	6,400	74.42	29.2%	9,199	812	10,011	5,999.22	250.00	6,249	(51)	151
Oct-16	93	23,781	6,315	67.90	26.6%	8,815	775	9,589	6,010.35	108.14	6,118	(331)	196
Nov-16	92	22,947	9,269	100.75	40.4%	13,241	469	13,709	8,611.74	(3.39)	8,608	(299)	661
Dec-16	111	26,652	13,703	123.45	51.4%	20,071	1,203	21,274	11,262.02	951.18	12,213	(1,237)	1,489
2016 Total	1,004	244,780	82,947	82.62	33.9%	120,852	8,212	129,064	77,660	2,513	80,173	(2,836)	2,775

Estimation of fit of plan design into the parameters of AV calculator									
Metallic Plan (e)	INN Coins	OP Copay Free Standing	OP Copay Hospital	Imaging (CT/PET Scans, MRIs) Free Standing	Imaging (CT/PET Scans, MRIs) Hospital	Imaging (CT/PET Scans, MRIs)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Specialty Drugs (i.e. high-cost)	Methodology
Bronze 1	80%	D&C	D&C	D&C	D&C			\$150.00	c,d
Bronze 4	100%	D&C	D&C	D&C	D&C				d
Bronze 5	80%	D&C	D&C	D&C	D&C			\$150.00	c,d
Silver 3	90%	D&C	D&C	D&C	D&C			\$150.00	c,d
Silver 4	80%	D&C	D&C	D&C	D&C			\$150.00	c,d
Silver 8	70%	\$300 copay (no D&C)	D&C	\$300 copay (no D&C)	D&C	Two Runs	Two Runs	\$150.00	b,c,d
Silver 9	70%	\$300 copay (no D&C)	D&C	\$300 copay (no D&C)	D&C	Two Runs	Two Runs	\$150.00	b,c,d
Silver 11	100%	D&C	\$250+D&C	D&C	\$250+D&C	72.7%	45.7%	\$150.00	a, b, c, d
Silver 12	70%	\$250+D&C	\$250+D&C	\$250+D&C	\$250+D&C	41.5%	8.8%	\$150.00	a,c,d
Silver 13	80%	D&C	D&C	D&C	D&C			\$150.00	c,d
Silver 15	80%	D&C	D&C	D&C	D&C			\$150.00	c,d
Silver 16	80%	D&C	D&C	D&C	D&C			\$150.00	c,d
Silver 17	100%	\$1500	\$1500	\$850	\$850			\$75.00	c,d
Gold 1	90%	D&C	D&C	D&C	D&C			\$150.00	c,d
Gold 4	80%	\$300 copay (no D&C)	D&C	\$300 copay (no D&C)	D&C	Two Runs	Two Runs	\$150.00	b,c,d
Gold 6	90%	\$150 Copay (no D&C)	D&C	\$150 Copay (no D&C)	D&C	Two Runs	Two Runs	\$150.00	b,c,d
Gold 7	100%	D&C	D&C	D&C	D&C			\$150.00	c,d
Gold 8	80%	D&C	\$250+D&C	D&C	\$250+D&C	57.8%	49.5%	\$150.00	a,b,c,d
Gold 8 HMO/HMP	80%	\$250 copay (no D&C)	D&C	\$250 copay (no D&C)	D&C	Two Runs	Two Runs	\$150.00	b,c,d
Gold 9	90%	D&C	\$250+D&C	D&C	\$250+D&C	65.0%	55.7%	\$150.00	a,b,c,d
Gold 10	80%	D&C	\$250+D&C	D&C	\$250+D&C	57.8%	49.5%	\$150.00	a,b,c,d
Gold 10 HMO/HMP	80%	\$250 copay (no D&C)	D&C	\$250 copay (no D&C)	D&C	Two Runs	Two Runs	\$150.00	b,c,d
Gold 11	100%	D&C	\$150+D&C	D&C	\$150+D&C	83.4%	77.1%	\$150.00	a,b,c,d
Gold 12	80%	D&C	\$150+D&C	D&C	\$150+D&C	66.7%	61.7%	\$150.00	a,b,c,d
Gold 13	100%	D&C	\$250+D&C	D&C	\$250+D&C	72.3%	61.9%	\$150.00	a,b,c,d
Gold 14	80%	\$250+D&C	\$250+D&C	\$250+D&C	\$250+D&C	47.0%	7.8%	\$150.00	a,c,d
Gold 21	80%	D&C	D&C	D&C	D&C			\$150.00	a,c,d
Gold 22	100%	\$600	\$600	\$300	\$300			\$50.00	c,d
Platinum 1	100%	D&C	\$250+D&C	D&C	\$250+D&C	70.5%	60.5%	\$100.00	a,b,c,d
Platinum 2	100%	\$150	\$300	\$150	\$300	56.0%	18.3%	\$100.00	a,b,c,d
Platinum 3	90%	D&C	D&C	D&C	D&C			\$100.00	c,d
Platinum 4	100%	100%	\$150+D&C	100%	\$150+D&C	82.3%	65.2%	\$100.00	a,b,c,d
Platinum 5	100%	\$100	\$300	\$100	\$300	58.9%	16.2%	\$100.00	a,b,c,d
Platinum 6	100%	\$75	\$150	\$75	\$150	78.0%	54.6%	\$100.00	a,b,c,d
Platinum 11	100%	D&C	D&C+\$150	D&C	D&C+\$150	91.4%	60.5%	\$100.00	a,b,c,d
Platinum 14	100%	\$150	\$150	\$150	\$150			\$75.00	c,d

Methodology

- a) An effective coinsurance for Per-Occurrence Deductibles on Imaging services and Outpatient facility fee was calculated based on unit costs derived from UnitedHealthcare's proprietary pricing model.
- b) Actuarial Value is the blend of Free-Standing and Hospital setting run, where weight of Free Standing and Hospital Setting are adjusted based on actual utilization of free standing and hospital facilities by service categories.
- c) Speciality Rx: Entered the Rx Tier cost share with the highest specialty drug utilization per UnitedHealthcare's proprietary pricing model.
- d) See Exhibit 2 for plan benefit description, and for tie-in to benefit plan name.

Certification

For plan design features that do not fit into the parameters of the AV Calculator, I certify that both the methodology and the calculated estimated values are in accordance with generally accepted actuarial principles and methodologies.

Daniel Akier

Daniel Akier, ASA, MAAA

Explanation of PPACA Fees

The Patient Protection and Affordable Care Act (PPACA) includes several taxes and fees which will increase health insurance costs and need to be reflected in premium.

Insurer Fee. This is a permanent fee that applies to fully insured coverage. This fee will fund tax credits for insurance coverage purchased on the exchanges. The total fee increases from \$11.3B in 2016 to \$14.3B in 2018 (indexed to premium for subsequent years.) Each insurance carrier's assessment will be based on net written health insurance premiums in the prior year, with certain exclusions. Using net premium estimates provided by Oliver Wyman, and premium growth estimates for 2017-2018 provided by Wakely, the estimated 2018 fee is $\$14.3B / \$698.7B = 2.047\%$. The fee must then be grossed up for federal income tax, since the member fee is not a tax deductible expense: $2.047\% / 63\% \text{ FIT} = 3.25\%$. The fee of 3.25% reflects a one-year bump up associated with the reduction in 2017 premium from the fee moratorium.

PCORI Fee. A \$0.19 pmpm fee for 2016 was released in October 2016. Increases for future years will be based on the growth in National Health Expenditures (NHE). Using the 4% NHE growth that was used to develop the 2017 fee, the 2018 fee is estimated to be \$0.20 pmpm, or an estimated 0.04% of premium.

Risk Adjustment Fee. The fee pmpm for 2018 of \$0.14 pmpm is from the final 2018 NBPP released Dec 2016. The \$0.14 pmpm represents an estimated 0.03% of premium.

DC Small Group - Development of Underwriting Loss Ratio

Total for UHIC, UHCMA and OCI

Experience 1/1/16-17

1a. Member Months	108,895
1b. Incurred Claims	\$32,984,251
1c. Claim PMPM (1b/1a)	\$302.90
1d. Earned Premium	\$47,497,168
1e. Premium PMPM (1d/1a)	\$436.17
1f. Loss Ratio (1c/1e)	69.4%
2a. Claim trend	1.190
2b. Total Claim Cost (1c x 2a)	\$360.39
2c. Admin, Profit & Taxes	\$95.42
2d. Needed revenue PMPM (2b + 2c)	\$455.81
2e. Risk Adjustment (4.1% Payer)	\$19.49
2f. Needed Revenue PMPM 1/1/17 eff	\$475.30
3a. Proposed DCSG Total 1Q18 Medical Base Rate*	\$581.85
3b. Current Average Med Plan Rel	0.7742
3c. Current Average Age Factor	1.055
3d. Current premium PMPM for 1/1/18 effective date (3a x 3b) x 3c	\$475.30
4. Estimated Underwriting Loss Ratio (2b/2d)	79.1%



Healthcare Economics

WASHINGTON DC SMALL GROUP PRICING TREND DEVELOPMENT RATE FILING SUPPORT

WASHINGTON DC SMALL GROUP PRICING TREND BY COMPONENT									
Component Summary	Notes:	<u>Inpatient</u>	<u>Outpatient</u>	<u>Professional</u>	<u>Other</u>	<u>Capitation</u>	<u>Total Medical</u>	<u>Retail Pharmacy</u>	<u>Weighted Aggregate</u>
Utilization / Service Mix	[1] , [2]	3.1%	5.6%	2.5%	-5.6%	0.0%	2.9%	6.9%	3.7%
Unit Cost	[3]	4.9%	4.9%	2.7%	3.1%	1.3%	3.9%	4.8%	4.1%
Demographic Change	[5]	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Benefit Leveraging	[4]	0.1%	0.8%	0.8%	-0.6%	0.0%	0.5%	1.3%	0.7%
<u>Margin</u>		<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>	<u>0.0%</u>
Total Proposed Pricing Trend	[6]	8.3%	11.7%	6.1%	-3.3%	1.3%	7.4%	13.5%	8.7%
Service Weight - Washington DC		19.0%	24.4%	26.9%	6.1%	2.5%	79.1%	20.9%	100.0%

Notes:

- [1] Represents core utilization only, exclusive of demographic change impacts; includes expected impact of changes in business day content.
- [2] Represents expected changes in intensity of services provided.
- [3] Represents core unit pricing increases, exclusive of service mix / intensity of services impact;
- [4] Impact of member cost-share leveraging on net claims cost trend.
- [5] Represents trend impact of age and gender changes; No provision included for Small Group business (age/gender community rating variable).
- [6] Pricing models do not distinguish between Primary and Specialty medical care; same trends shown for both.

State:	District of Columbia	Filing Company:	UnitedHealthcare of the Mid-Atlantic, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	DC-SG-UHCMA-2018-01		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	DC-SG-UHCMA-PartIII-2018-01.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	DC-SG-UHCMA-ActMemo-2018-01.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	DC-SG-UHCMA-PartIII-2018-01.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	required documentation is not available yet
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	DC-SG-UHCMA-Cover-2018-01.pdf
Item Status:	
Status Date:	

State:	District of Columbia	Filing Company:	UnitedHealthcare of the Mid-Atlantic, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	DC-SG-UHCMA-2018-01		
Project Name/Number:	/		

Satisfied - Item:	DISB Actuarial Memorandum Dataset
Comments:	
Attachment(s):	DC-SG-UHCMA-ActuarialDataset-2018-01.xlsx
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	DC_21066_UHCMA_on_SG_URRT_V01_05-01-2017.xlsm DC_21066_UHCMA_on_SG_URRT_V01_05-01-2017_2017050117255.xml
Item Status:	
Status Date:	

Satisfied - Item:	District of Columbia Plain Language Summary
Comments:	
Attachment(s):	DC-SG-UHCMA-PlainLanguageSummary-2018-01.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Rate Review Checklist
Comments:	
Attachment(s):	DC-SG-Checklist-2018-01.pdf
Item Status:	
Status Date:	

State:	District of Columbia	Filing Company:	UnitedHealthcare of the Mid-Atlantic, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	DC-SG-UHCMA-2018-01		
Project Name/Number:	/		

Satisfied - Item:	AV Screenshots
Comments:	
Attachment(s):	DC-SG-AVScreenshots-2018-01.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

UHLC-131016390

State Tracking #:

Company Tracking #:

State:

District of Columbia

Filing Company:

UnitedHealthcare of the Mid-Atlantic, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other

Product Name:

DC-SG-UHCMA-2018-01

Project Name/Number:

/

Attachment DC-SG-UHCMA-ActuarialDataset-2018-01.xlsx is not a PDF document and cannot be reproduced here.

Attachment DC_21066_UHCMA_on_SG_URRT_V01_05-01-2017.xlsm is not a PDF document and cannot be reproduced here.

Attachment DC_21066_UHCMA_on_SG_URRT_V01_05-01-2017_2017050117255.xml is not a PDF document and cannot be reproduced here.

**Federal Rate Filing Justification Part III
Actuarial Memorandum and Certification**

UnitedHealthcare of the Mid-Atlantic, Inc.

NAIC: 21066

FEIN: 521130183

State of District of Columbia Rate Review

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Section 1: Purpose

Following is a rate filing prepared by UnitedHealthcare of the Mid-Atlantic, Inc.. This filing has been prepared to provide the necessary information required by the Department of Health and Human Services and the state of District of Columbia. The purpose of this memorandum is to provide information relevant to the Federal Part I Unified Rate Review Template (URRT).

This filing establishes rates intended to be used for non-grandfathered PPACA compliant small group health benefit plans sold off the Small Business Health Options Program in District of Columbia for the 2018 plan year. A rate increase is being filed at this time. The rates and other information in this submission are based on the current regulations and guidance from HHS. Changes to this filing may be necessary if there are revisions to the regulations or updated guidance from HHS.

This memorandum is intended solely for the information of and use by the Department of Health and Human Services and the District of Columbia Department of Insurance and Financial Services. It will demonstrate compliance with state and federal laws and regulations related to the development of the index rate and allowable rating factors and is not intended to be used for any other purpose.

The attached document contains confidential, proprietary information and trade secrets. This information is strictly confidential and protected from disclosure by D.C. Code section 31-3303.08(b) and D.C. Code section 2-534(a)(1). If the prohibition against disclosure by the Department of Insurance and Financial Services is reassessed at a later date, it may not be disclosed to any other state or federal regulatory agencies unless the recipient agrees in writing prior to receipt to maintain the confidentiality of the information.

Section 2: General Information

Company Identifying Information

Company Legal Name:	UnitedHealthcare of the Mid-Atlantic, Inc.
State:	District of Columbia
HIOS Issuer ID:	21066
Market:	Small Business, 1-50
Proposed Effective Date:	January 01,2018

Primary Contact Information

Name:	Daniel Akier, ASA, MAAA
Telephone Number:	860-702-5868
Email Address:	daniel_c_akier@uhc.com

Section 3: Proposed Rate Changes

The proposed change in rates for this filing is 9.5% compared to the prior filing. This change is uniform across all plans. These changes are applied uniformly to all plans within a Rating Area. The proposed change also includes adjusting pricing trend to 8.7% annually.

- Changes in medical service costs
 - Increasing Cost of Medical Services – Annual increases in reimbursement rates to health care providers – such as hospitals, doctors and pharmaceutical companies.
 - Increased Utilization – The number of office visits and other services continues to grow. In addition, total health care spending will vary by the intensity of care and/or use of different types of health services. Patients who are sicker generally have a higher intensity of health care utilization. The price of care can be affected by the use of expensive procedures such as surgery vs. simply monitoring or providing medications.
 - Higher Costs from Deductible Leveraging – Health care costs continue to rise every year. If deductibles and copayments remain the same, a greater percentage of health care costs need to be covered by health insurance premiums each year.
 - Cost shifting from the public to the private sector – Reimbursements from the Center for Medicare and Medicaid Services (CMS) to hospitals are do not generally cover all of the cost of care. The cost difference is being shifted to private health plans. Hospitals typically make up this difference by charging private health plans more.
 - Impact of New Technology – Improvements to medical technology and clinical practice often result in the use of more expensive services - leading to increased health care spending and utilization.
- Administrative costs and anticipated profit
 - UnitedHealthcare works to directly control administrative expenses by adopting better processes and technology and through the development of programs and innovations that make health care more affordable. We have led the marketplace by introducing key innovations that make health care services more accessible and affordable for customers, improve the quality and coordination of health care services, and help individuals and their physicians make more informed health care decisions.
 - Additionally, UnitedHealthcare indirectly controls medical cost payments by using appropriate payment structures with providers and facilities. UnitedHealthcare's goal is to control costs, maximize efficiency, and work closely with physicians and providers to obtain the best value and coverage.

-
- State and/or Federal government imposed taxation and fees are another significant factor that impacts health care spending. These fees include ACA taxes and fees which will have increased health insurance costs and need to be reflected in premium.
 - Changes that vary by plan
 - All plan relativity factors have been updated to reflect UnitedHealthcare's most recent pricing model.
 - The impact of any changes to plans that have occurred due to uniform modification are also reflected in the updated plan relativity factors. Please see the "Plan Adjusted Index Rate" section of the memorandum for more detail on these changes.

We refined the medical and pharmacy plan price relativities to reflect the most recent pricing methodology and pricing models. The methodology is based on UnitedHealthcare nationwide experience data, which contains utilization frequencies and unit costs by service category, in addition to claim distributions and adjustment factors for a large number of plan design variables. Benefit design parameters such as deductibles, coinsurance, copays, out-of-pocket maximums, etc. were input for each plan. The expected paid-to-allowed relativities and expected utilization differences due to differences in cost sharing for each plan are then used to develop the plan factors for each benefit plan. All benefit plans are priced consistently with each other, with the rates differing only by the estimated value of the benefits and the expected utilization differences due to differences in cost sharing. The utilization differences do not reflect differences due to health status. The net impact of all changes by plan can be found in Worksheet 2, Section I of the Unified Rate Review Template.

Significant factors driving the proposed rate changes are discussed in further detail in Section 6 (*Projection Factors*) and Section 7 (*Credibility Manual Rate Development*) of this memorandum.

Section 4: Experience Period Premium and Claims

Paid Through Date

The experience period is 1/1/2016 through 12/31/2016, with claims paid through 2/28/2017.

Premiums (net of MLR Rebate) in Experience Period

Earned premium for our small group market business in District of Columbia for 2016 was approximately \$235,900. MLR rebate payments are not anticipated in District of Columbia for the 2016 calendar year, an estimate that was provided by UnitedHealthcare's finance department. The estimated 2016 benefit year risk adjustment transfer payment is \$-8,891. No risk corridor payments are anticipated. More details regarding risk adjustment estimation is included in section 10. Therefore, premium net of MLR rebates and risk adjustment (payment/receivable) is \$244,780.

Support for estimate of incurred but not paid claims

The UnitedHealthcare Reserving process utilizes the Reserve Production System (RPS) to record reserves into the PeopleSoft general ledger. Fee for service and paid and payable claim data is loaded into RPS and becomes the basis for the monthly reserve calculations at the various legal entity, market and group size levels. The assignment of the claims data into RPS packages is based on the mapping rules maintained by the Corporate Actuarial department. RPS calculates a preliminary best estimate Incurred But Not Reported (IBNR) for each reserving model (package) primarily using standard algorithms based on historical claim experience. The Claims Accounting Reserving Team adjusts the preliminary IBNR based on specific knowledge of the entity (i.e. catastrophic claims, pended claims, etc.) to calculate the final IBNR. In months where adjudicated claims experience is not complete enough for an estimate using completion factors, a seasonally adjusted PMPM is used to estimate incurred claims.

A description of the Sarbanes Oxley controls, audited by Deloitte & Touche, in place regarding the reserving process includes:

- 1) Market Paid claim Tie-outs: To verify completeness and accuracy of financial data in RPS, paid claim data is tied out between source system (RPS) and PeopleSoft general ledger.
- 2) Market Expense Tie-outs: RPS reserve changes on the income statement are tied to the PeopleSoft general ledger to ensure that information is accurate subsequent to computing the reserve.
 - Allowed claims by benefit category were obtained from UnitedHealthcare claim paying system reports.

The same completion factors are applied to both incurred and allowed claims amounts.

Section 5: Benefit Categories

Claims were assigned to each of the benefit categories based on where services were administered and the types of medical services rendered. The benefit categories were defined by our claims department using standard industry definitions.

Inpatient Hospital

Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

Outpatient Hospital

Includes non-capitated facility services for surgical, emergency room, laboratory, radiology, therapeutic, observation, and other services provided in an outpatient facility setting and billed by the facility.

Professional

Includes non-capitated primary care, specialist care, therapeutic, the professional component of laboratory and radiology, and other professional services, other than hospital based professionals whose payments are included in facility fees.

Other Medical

Includes non-capitated ambulatory, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other services.

Capitation

Includes all services provided under one or more capitated agreements.

Prescription Drug

Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

Section 6: Projection Factors

Changes in the Morbidity of the Population Insured

The total Population Risk Morbidity Adjustment is 1.005. It is comprised of the following factors:

Other Population Risk Morbidity Adjustments:

All other adjustments account for 0.5% of the total population risk morbidity adjustment factor.

Other Adjustments

The total other adjustments are 0.963, it is comprised of the following factors:

Catastrophic Claims Adjustment:

An adjustment was made to account for catastrophic claims experience in the experience period. The claims were adjusted by 4% to align with expected catastrophic claim levels in the rating period.

Changes in Demographics:

The DISB specified age curve was used in rating.

Induced Demand Shift:

An adjustment of 1.2% was made to account for the expected change in allowed claims due to the shift in the distribution of benefit plans between the experience period and the rating period.

Demographic Creep:

A morbidity adjustment of 0.5% was made for expected claim costs in 2018 compared to the experience period. The adjustment is needed to account for policies being quoted on an “issue-age” basis, where a 12-month rate is developed based on a members age as of the effective date of the policy. The age factors do not account for aging that occurs during the policy year.

All Other Adjustments:

All other adjustments account for -9.0% of the total other adjustments.

Trend

25 months of trend were applied to our 2016 experience to project it to the 2018 rating period. Our most recent analysis indicates annual trend in the state of District of Columbia for the 2017 and 2018 calendar years will be 7.1% and 8.7%, respectively. The table below details the components of each trend factor.

Trend Component	2017 (a)	2018 (b)	Annualized for URRT Wksh1 (c) = ((1+a)*(1+b))-1
Unit Cost	3.60%	4.10%	3.70%
Utilization	2.60%	3.70%	3.40%
Total	7.10%	8.70%	7.90%

UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, and benefit leveraging identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected. Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates. UnitedHealthcare uses same store analysis to reflect utilization.

Market-level unit cost projections are developed based on evaluations of current and anticipated provider contract economics, as well as consideration to both current and expected changes in non-contracted provider cost exposure. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence mix of procedures. Unit cost is based on our contractual changes with providers.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. Depending on the nature of individual initiatives, the impact may be recognized in one or more of the component cost items discussed above. Only incremental activities are recognized for this purpose in the expected trend impact for any particular period.

Section 7: Credibility Manual Rate Development

Source and Appropriateness of Data Used

- The combined experience of Optimum Choice, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., and UnitedHealthcare Insurance Company in District of Columbia were used for rate development.

Adjustments Made to the Data

Adjustments similar to the ones described in Section 6 were applied to the experience of the credibility manual to project it to the projection period. In addition, the credibility manual was adjusted to reflect the average age, geography, plan design and morbidity of the adjusted experience period claims.

An adjustment to the credibility manual was made to account for catastrophic claims experience in the experience period.

Inclusion of Capitation Payments

Capitation payments are included in both the experience and projections.

Section 8: Credibility of Experience

User Defined Member Month Credibility Threshold

The experience for this legal entity contains 1,004 member months which does not exceed the member months needed to be considered fully credible. As such the credibility of UnitedHealthcare of the Mid-Atlantic, Inc. is set to 0%, and the remaining uses the credibility manual described above.

Section 9: Paid-to-Allowed Ratio

Paid-to-allowed ratios were developed for each plan using the proprietary UnitedHealthcare pricing model. This model uses nationwide UnitedHealthcare experience, which is fully credible. Claim data is projected to the pricing period based on national projections of utilization and unit costs. These projections are done at the service category level (inpatient, outpatient, etc.). Benefit design parameters such as deductibles, copays, and coinsurance rates are applied to the claim distributions of the matching service category. Cost sharing is applied, and the values of each service category are summed to determine an overall benefit value, or paid-to-allowed ratio. In order to preserve consistency, the same claim experience and projection assumptions are applied to all plan relativity calculations.

The average paid-to-allowed ratio is based on the paid-to-allowed ratios developed for each plan using the model discussed above and weighting them by the projected membership by plan. The member distribution is discussed under Section 21 (*Membership Projections*) of this memorandum.

Section 10: Risk Adjustment and Reinsurance

Experience Period Risk Adjustment and Reinsurance Adjustments (PMPMs)

Risk Adjustments for the experience period are not known at this time.

Our 2016 risk adjustment transfer PMPM is estimated using data provided to UnitedHealthcare as a result of our participation in a multi-state study done by a large, independent actuarial consulting firm. Based on the results of that study, we expect that risk level of the membership insured by UnitedHealthcare of the Mid-Atlantic, Inc. to be higher than the market. This results in an approximate adjustment of \$-8.86 to the experience period premium.

Since this is a small group filing and the state of District of Columbia chose not to combine its individual and small group markets, reinsurance recoveries are not applicable to this rate filing. As such, no adjustments were made to the experience.

Projected Risk Adjustments Net of Risk Adjustment User Fees

UnitedHealthcare of the Mid-Atlantic, Inc. anticipates paying an average of \$8.47 PMPM for risk adjustment transfers in the state of District of Columbia for the 2018 plan year. We are assuming the risk level of our business relative to that of our competitors for the 2018 plan year will be similar to what it was in the 2016 plan year. Since risk adjustment transfer payments are a function of the market level premium, our 2018 risk adjustment transfer PMPM amount is calculated by adjusting our estimated 2016 risk adjustment transfer PMPM amount for the projected market level trend, changes in reinsurance fees and recoveries, and other adjustments based on the overall financial performance of the market. The HHS Notice of Benefit and Payment Parameters for 2018 specifies a risk adjustment user fee of \$0.14 PMPM.

The projected risk adjustment transfers net of risk adjustment user fees are therefore \$-8.61 PMPM.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

The reinsurance program ended in 2016. As such, reinsurance premiums were not included in the 2018 rate development.

Section 11: Non-Benefit Expenses and Profit

Administrative Expense Load

The administrative expense load is a long-term estimate of administrative expenses, including selling expenses and general administrative expenses. This load does not vary by product or plan. These assumptions are based on the general ledger actual results (GAAP) for 2016 with known adjustments. Known adjustments include, but are not limited to, pay increases/raises for employees and administrative expenses as a result of Healthcare Reform and compliance requirements. The administrative expense allocation methodology used in pricing is appropriate because it is consistent with how UnitedHealthcare runs its business and how it allocates administrative costs for Statutory Filings and the Healthcare Reform Exhibits.

Profit and Risk Margin

The profit and risk margin is shown in Worksheet 1, Section 3 of the URRT. This target does not vary by product or plan.

The profit and risk margin is derived from the difference between the target loss ratio and the administrative expenses, taxes and fees.

The profit and risk margin results in a MLR above the minimum requirements as described in the Projected Loss Ratio section.

Taxes and Fees

Taxes and fees are expected to be 6.8% and include premium tax, exchange fees, PCORI fees, and federal income tax. The following is a breakdown of the taxes and fees.

Premium Taxes and Fees Allocation	Estimated % of Premium
Federal / State Income Tax on Profit & Risk Load	1.6%
Premium Tax	2.0%
ACA Taxes: Insurer Fee	2.0%
ACA Taxes: Reinsurance Fee	0.0%
ACA Taxes: PCORI Fee	0.0%
ACA Taxes: Risk Adjustment User Fee	0.0%
ACA Taxes: Exchange User Fee	1.0%
All Other Taxes & Fees	0.1%
Total	6.8%

Section 12: Projected Loss Ratio

The projected loss ratio for calendar year 2018 is 79.1%. Using the federally prescribed MLR methodology the MLR is 85.5%. UnitedHealthcare of the Mid-Atlantic, Inc. agrees to comply with the rebate requirements of 45 CFR Part 158 should the actual market MLR fall below the 80.0% requirement.

Section 13: Single Risk Pool

The single risk pool reflects all covered lives for every small group non-grandfathered product and plan combination for UnitedHealthcare of the Mid-Atlantic, Inc. in the state of District of Columbia. It is established in accordance with the requirements of 45 CFR §156.80(d).

Section 14: Index Rate

The Index Rate for the experience period is equal to the allowed claims PMPM. Benefits that are in excess of EHBs are estimated to be a de minimis amount. Therefore, the allowed claims were not adjusted to exclude these benefits.

Small Group Trend Adjustment

We are proposing premium rates that trend by quarter. The trend assumption only includes unit cost and utilization trend as this calculation is on an allowed basis.

	Q1	Q2	Q3	Q4	Average
CY 2018 Index Rate	\$ 284.16	\$ 284.16	\$ 284.16	\$ 284.16	\$ 284.16
Trend to the Midpoint of Each Quarter	1.010	1.029	1.049	1.069	1.043
Quarterly Index Rate	\$ 285.12	\$ 291.55	\$ 303.98	\$ 303.98	\$ 295.75
Member Months	263	162	194	385	1,004

Section 15: Market Adjusted Index Rate

The market adjusted index rate includes market-wide adjustments for the risk adjustment program and exchange user fees. Please refer to Section 10 (*Risk Adjustment*) and Section 11 (*Non-Benefit Expenses and Profit*) of this memorandum for a brief description of each of these items. Incurred values were grossed up by the average paid-to-allowed ratio to reflect an allowed basis.

Index Rate	Net Risk Adjustment (allowed basis)	Exchange Fee Adjustment (allowed basis)	Market Adjusted Index Rate
\$295.75	\$11.37	\$3.73	\$310.86

The figures above may not tally exactly due to rounding of the display.

Section 16: Plan Adjusted Index Rates

The development of the projected index rate and all rating factors is in compliance with all applicable federal statutes and regulations (45 CFR 156.80 and 147.102)

Actuarial Value and Cost Sharing Adjustment

UnitedHealthcare has a proprietary pricing model that was used in developing the actuarial value and cost sharing adjustment for each plan. The model calculates plan relativity factors for medical and pharmacy benefits. Also included under the actuarial value and cost sharing adjustment are adjustments for leveraging and the difference between the average plan relativity factor and the projected paid to allowed ratio.

UnitedHealthcare of the Mid-Atlantic, Inc. does not utilize Induced Demand factors in our rate development. Instead, our plan-specific pricing factors are based on an analysis of UnitedHealthcare of the Mid-Atlantic, Inc.'s nationwide block of Small Group health insurance, which reflects over 10 million member months of experience. Our approach complies with the prohibition of rating for morbidity differences by normalizing out the cost differences attributable to morbidity as measured by HHS's risk adjustment mechanism.

Historical UnitedHealthcare experience was used to develop the actuarial value and cost sharing adjustment.

Provider network, delivery system and utilization management adjustment

Any adjustments for these items are included in the plan relativity factors.

Benefits in Addition to EHBs

The Index Rate for the experience period is equal to the allowed claims PMPM. Benefits that are in excess of EHBs are estimated to be a de minimis amount. Therefore, the allowed claims were not adjusted to exclude these benefits.

Distribution and Administrative Costs

Distribution and administrative costs include premium tax, PCORI fees, SG&A, quality improvements, federal income tax, and after-tax income. These items were previously discussed in Section 11 (*Non-Benefit Expenses and Profit*) of this memorandum. Risk adjustment transfers and user fees and exchange fees are excluded because they are accounted for in the market adjusted index rate.

Section 17: Calibration

Plan Adjusted Index Rates need to be calibrated to apply the allowable rating factors of age and geography in order to calculate the Consumer Adjusted Premium Rates. Calibration factors are applied uniformly to all plans.

Age Calibration

The calculated age curve calibration is 0.828, which equals the average age factor of the expected member distribution by age. This corresponds with an approximate age of 32 years. The age factors used in this calculation are the HHS-specified age curve. Please see the Age Calibration exhibit near the end of this document.

Geographic Calibration

The geographic factor calibration is 1, which equals the expected average area factor. A table of the geographic rating factors is below.

Rating Area	Area Factor
1	1.000

Geographic rating factors are reviewed periodically versus UnitedHealthcare claims data that reflects unit cost differences by county. Such a review was conducted as part of our January 1, 2018 rate development.

Our analysis did not indicate that there were credible, material differences indicated by the comparison of currently approved area factors and the UHC data reflecting unit cost differences.

Population morbidity by area was not considered when determining geographic area factors.

Calibrating the plan adjusted index rate to the age curve and geographic distribution results in the calibrated premium rate for each plan. The calibrated premium rate represents the preliminary premium rate charged to an individual before applying the consumer specific rating adjustments for age and area.

Tobacco Calibration

Tobacco factors are not used in the rating of these products, and calibration is needed.

Section 18: Consumer Adjusted Premium Rate Development

The consumer adjusted premium rate is the final premium rate that is charged to an individual. It is developed by calibrating the plan adjusted index rate by the average age and geographic rating factors, and applying the consumer specific age and geographic rating factors. The calculation is provided below.

Plan Adjusted Index Rate

/ Age Calibration Factor

/ Geographic Calibration Factor

* Consumer Specific Age Rating Factor

* Consumer Specific Geographic Rating Factor

* Small Group Trend Adjustment

=Consumer Adjusted Premium Rate

Small Group Trend Adjustment

Since this is a small group filing that includes rates with schedule trend increases by quarter, the Index Rate, Market Adjusted Index Rate and Plan Adjusted Index Rate reflect the member weighted average premium over the calendar year. As such, the Consumer Adjusted Premium Rate needs to include a trend adjustment specific to the quarter for which the rates are being calculated. The trend factors used to develop the consumer adjusted premium rates are shown below.

	Quarterly Trend (a)	Average Trend (b)	Trend Adjustment (a) / (b)
Q1	1.01	1.044	0.967
Q2	1.032	1.044	0.988
Q3	1.054	1.044	1.010
Q4	1.076	1.044	1.031

Section 19: AV Metal Values

The AV calculator used to calculate the AV metal values is based on a prescribed methodology and, therefore, does not necessarily reflect a reasonable estimate of the portion of allowed costs covered by the associated plan. Please refer to Section 9 (*Paid-to-Allowed Ratio*) of this memorandum for further detail regarding our estimate of the portion of allowed costs covered by each plan.

Some plans within this portfolio have cost sharing features that differ between individual and family coverage (i.e., when two or more people are covered by the plan). For all plans, consistent with the Actuarial Value Calculator inputs, we have used only the cost sharing provisions applicable for individuals in the actuarial value calculation.

The AV calculator was used to determine the AV metal values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Some of our plan designs are not directly compatible with the AV calculator. The values were developed in accordance with generally accepted actuarial principles and methodologies. Additional details are provided below to describe the types of adjustments that were made for plan designs that are not directly compatible with the AV calculator.

Copays Paid in Conjunction with Coinsurance

Some of our plan designs include copays that are paid in conjunction with coinsurance in the coinsurance range. This benefit design is not directly compatible with the AV calculator, so the alternate methodology described in 45 CFR 156.135(b)(2) was used for the AV calculation. In order to modify the AV calculator input for a copay paid in conjunction with coinsurance, the following formula was used to estimate the insurer's cost share.

$$\text{Effective Insurer Coinsurance Rate} = (1 - \text{Member Copay}/\text{Average Unit Cost}) * (1 - \text{Member Coinsurance Rate})$$

The benefit was then marked as "Subject to Deductible" and "Subject to Coinsurance" with a "Coinsurance, if different" equal to the effective insurer coinsurance rate as calculated above. The copay was entered in the "Copay if separate" column.

The average unit cost was calculated based on the claims data included within the AV calculator continuance tables for each metal level. For example, if the plan was expected to fall within a Silver Metal Tier, the average unit cost was calculated from the Silver continuance tables. All enrollees within a continuance table whose claims exceeded \$1,500 were included in the calculation of the average unit cost for each benefit type.

Benefits that Vary Based on Place of Service

For some types of services, our plan designs include different benefit levels based on the place of service (i.e. physician's office, free standing facility, or outpatient hospital facility). To incorporate this differentiation in benefits, the Tiered Network Option was selected within the AV calculator, and utilization was assigned to each tier based on historical experience of affiliated carriers.

HRA Contributions

Plan designs with HRA contributions of \$X apply to the member's final \$X of their deductible. To calculate a final AV, an adjustment was applied to the results of an AV run where the employer HRA contribution was \$0. The adjustment was equal to the difference in AV of runs where (1) the employer HRA contribution was equal to the deductible and (2) the employer contribution was equal to the deductible minus \$X.

Physician Tiering

Select plan designs include lower cost sharing when members utilize providers we designate as meeting cost and efficiency standards. The tiered network functionality of the AV calculator was utilized to account for the cost sharing differences. The utilization of providers was based on a UnitedHealthcare's study of differences in cost sharing and their effectiveness at driving utilization patterns.

Per Occurrence Copays

Select plan designs have per occurrence copays where a copay is paid before coinsurance is applied between the deductible and maximum out of pocket. These copays accumulate to the maximum out of pocket. To reflect this type of benefit an effective insurer coinsurance rate was calculated based on the average unit cost of the service and member coinsurance rate. The calculation is as follows:

$$\text{Effective Insurer Coinsurance Rate} = (1 - \text{Member Copay}/\text{Average Unit Cost}) * (1 - \text{Member Coinsurance Rate})$$

Some of the copays only apply to portions of the benefit categories that the AV calculator defines. For example, the Inpatient Hospital Services includes both physician and facility charges. To the extent the plan design per occurrence copay only applies to a portion of the services, the tiered Network functionality was utilized. The mix of services within the AV calculator benefit categories was based on historical experience.

The average unit cost was calculated based on the claims data included within the AV calculator continuance tables for each metal level where available.

Section 20: AV Pricing Values

The AV pricing values represent the cumulative effect of adjustments made by the issuer to move from the market adjusted index rate to the plan adjusted index rate. Each of the allowable modifiers to move from the market adjusted index rate to the plan adjusted index rate was previously discussed in Section 16 (*Plan Adjusted Index Rates*) of this memorandum.

Section 21: Membership Projections

The 2018 plan year membership projection was developed utilizing the experience period plan level membership distribution along with sales and persistency targets. Member distribution by plan was then based on current enrollment, taking into consideration changes in the portfolio of plans to be offered in 2018. Strictly for purposes of the URRT, we have projected membership by plan.

Section 22: Terminated Products

Some plans are being terminated as of the end of 2017. The terminated plans, if any, are not being mapped to specific plans. Rather, at renewal, employers are given the option to select from multiple plans.

Section 23: Plan Type

A plan type of HMO has been selected, which describes the plans exactly.

Section 24: Warning Alerts

Section 25: Reliance

Due to responsibility allocation, I have relied upon other individuals within the UnitedHealthcare organization to provide certain assumptions. Although I have performed a limited review of the information and have not found it unreasonable or inconsistent, I have not reviewed it in enough detail to fully judge the reasonableness of the information due to the substantial amount of additional time required. I have therefore relied upon the expertise of those individuals who have developed the assumptions, and am providing the information required by Actuarial Standard of Practice 41, section 4.3. A list of reliances is included below.

UnitedHealthcare Finance Department

- Projected SG&A Assumption
- Total Projected Membership

UnitedHealthcare National Pricing Team

- Plan Relativity Modeling

UnitedHealthcare Healthcare Economics Department

- Projected Trend
- Claims Reserves
- ACO/Premium Designated Provider
- Cost savings estimates
- Plan Relativity Modeling

Section 26: Actuarial Certification

I, Daniel Akier, ASA, MAAA, am a Associate Director of Actuarial Services for UnitedHealthcare, and a member of the American Academy of Actuaries. I meet the Academy's qualification standards for rendering statements of actuarial opinion with respect to the filing of rates for health insurance products.

To the best of my knowledge and judgment, I certify that:

- The projected index rate is:
 - In compliance with state and federal statutes and regulations related to the development of the index rate and allowable rating factors (such as 45 CFR 156.80 and 147.102).
 - Developed in compliance with the applicable Actuarial Standards of Practice.
 - Reasonable in relation to the benefits provided and population anticipated to be covered.
 - Neither excessive, deficient, nor unfairly discriminatory.
- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
- The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
- The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area.
- The AV calculator was used to determine the AV metal values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Some of our plan designs are not directly compatible with the AV calculator. The values were developed in accordance with generally accepted actuarial principles and methodologies. The unique plan design actuarial certification required by 45 CFR Part 156.135 has been separately attached.
- The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop their rates. Rather, it represents information required by federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges, and for certification that the index rate is developed in accordance with federal regulation and used consistently and only adjusted by the allowable modifiers.



Daniel Akier, ASA, MAAA
Associate Director of Actuarial Services

5/1/2017

Date

Appendix 1

Index Rate Development

Projected EHB Allowed Claims PMPM (for 1/1/2018 Renewals)		\$284.16		
Projected Allowed Trend - Annualized		8.0%		
Projected Allowed Trend - Monthly		0.6%		
Renewal Month	Renewal Month Distribution	Index Rate By Renewal Month	Weighted ACA Reins. Fees & Risk Adj. Pmts	Market Adj. Index Rate By Renewal Month
1/1/2018	17.5%	\$284.16	\$15.11	\$299.27
2/1/2018	3.6%	\$285.98	\$15.11	\$301.09
3/1/2018	5.1%	\$287.81	\$15.11	\$302.92
4/1/2018	6.4%	\$289.66	\$15.11	\$304.77
5/1/2018	3.1%	\$291.51	\$15.11	\$306.62
6/1/2018	6.7%	\$293.38	\$15.11	\$308.49
7/1/2018	5.2%	\$295.26	\$15.11	\$310.37
8/1/2018	7.2%	\$297.15	\$15.11	\$312.26
9/1/2018	7.0%	\$299.05	\$15.11	\$314.16
10/1/2018	6.2%	\$300.97	\$15.11	\$316.07
11/1/2018	4.6%	\$302.89	\$15.11	\$318.00
12/1/2018	27.6%	\$304.83	\$15.11	\$319.94
Total	100.0%	\$295.75	\$15.11	\$310.86

Projected EHB Allowed Claims PMPM (for 1/1/2018 Renewals)		\$284.16		
Projected Allowed Trend - Annualized		8.0%		
Quarterly Allowed Trend		1.9%		
Renewal Quarter	Renewal Quarter Distribution	Index Rate By Renewal Quarter	Weighted ACA Reins. Fees & Risk Adj. Pmts	Market Adj. Index Rate By Renewal Quarter
2018Q1	26.2%	\$285.12	\$15.11	\$300.23
2018Q2	16.1%	\$291.55	\$15.11	\$306.66
2018Q3	19.3%	\$297.33	\$15.11	\$312.44
2018Q4	38.3%	\$303.98	\$15.11	\$319.09
Total	100.0%	\$295.75	\$15.11	\$310.86

Appendix 2

AV Certification

Certification for AV Calculator

Exhibit B

Estimation of fit of plan design into the parameters of AV calculator

Metallic Plan (e)	INN Coins	OP Copay Free Standing	OP Copay Hospital	Imaging (CT/PET Scans, MRIs) Free Standing	Imaging (CT/PET Scans, MRIs) Hospital	Imaging (CT/PET Scans, MRIs)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Specialty Drugs (i.e. high-cost)	Methodology
Bronze 1	80%	D&C	D&C	D&C	D&C			\$150.00	c,d
Bronze 4	100%	D&C	D&C	D&C	D&C				d
Bronze 5	80%	D&C	D&C	D&C	D&C			\$150.00	c,d
Silver 3	90%	D&C	D&C	D&C	D&C			\$150.00	c,d
Silver 4	80%	D&C	D&C	D&C	D&C			\$150.00	c,d
Silver 8	70%	\$300 copay (no D&C)	D&C	\$300 copay (no D&C)	D&C	Two Runs	Two Runs	\$150.00	b,c,d
Silver 9	70%	\$300 copay (no D&C)	D&C	\$300 copay (no D&C)	D&C	Two Runs	Two Runs	\$150.00	b,c,d
Silver 11	100%	D&C	\$250+D&C	D&C	\$250+D&C	72.7%	45.7%	\$150.00	a, b, c, d
Silver 12	70%	\$250+D&C	\$250+D&C	\$250+D&C	\$250+D&C	41.5%	8.8%	\$150.00	a,c,d
Silver 13	80%	D&C	D&C	D&C	D&C			\$150.00	c,d
Silver 15	80%	D&C	D&C	D&C	D&C			\$150.00	c,d
Silver 16	80%	D&C	D&C	D&C	D&C			\$150.00	c,d
Silver 17	100%	\$1500	\$1500	\$850	\$850			\$75.00	c,d
Gold 1	90%	D&C	D&C	D&C	D&C			\$150.00	c,d
Gold 4	80%	\$300 copay (no D&C)	D&C	\$300 copay (no D&C)	D&C	Two Runs	Two Runs	\$150.00	b,c,d
Gold 6	90%	\$150 Copay (no D&C)	D&C	\$150 Copay (no D&C)	D&C	Two Runs	Two Runs	\$150.00	b,c,d
Gold 7	100%	D&C	D&C	D&C	D&C			\$150.00	c,d
Gold 8	80%	D&C	\$250+D&C	D&C	\$250+D&C	57.8%	49.5%	\$150.00	a,b,c,d
Gold 8 HMO/HMP	80%	\$250 copay (no D&C)	D&C	\$250 copay (no D&C)	D&C	Two Runs	Two Runs	\$150.00	b,c,d
Gold 9	90%	D&C	\$250+D&C	D&C	\$250+D&C	65.0%	55.7%	\$150.00	a,b,c,d
Gold 10	80%	D&C	\$250+D&C	D&C	\$250+D&C	57.8%	49.5%	\$150.00	a,b,c,d
Gold 10 HMO/HMP	80%	\$250 copay (no D&C)	D&C	\$250 copay (no D&C)	D&C	Two Runs	Two Runs	\$150.00	b,c,d
Gold 11	100%	D&C	\$150+D&C	D&C	\$150+D&C	83.4%	77.1%	\$150.00	a,b,c,d
Gold 12	80%	D&C	\$150+D&C	D&C	\$150+D&C	66.7%	61.7%	\$150.00	a,b,c,d
Gold 13	100%	D&C	\$250+D&C	D&C	\$250+D&C	72.3%	61.9%	\$150.00	a,b,c,d
Gold 14	80%	\$250+D&C	\$250+D&C	\$250+D&C	\$250+D&C	47.0%	7.8%	\$150.00	a,c,d
Gold 21	80%	D&C	D&C	D&C	D&C			\$150.00	a,c,d
Gold 22	100%	\$600	\$600	\$300	\$300			\$50.00	c,d
Platinum 1	100%	D&C	\$250+D&C	D&C	\$250+D&C	70.5%	60.5%	\$100.00	a,b,c,d
Platinum 2	100%	\$150	\$300	\$150	\$300	56.0%	18.3%	\$100.00	a,b,c,d
Platinum 3	90%	D&C	D&C	D&C	D&C			\$100.00	c,d
Platinum 4	100%	100%	\$150+D&C	100%	\$150+D&C	82.3%	65.2%	\$100.00	a,b,c,d
Platinum 5	100%	\$100	\$300	\$100	\$300	58.9%	16.2%	\$100.00	a,b,c,d
Platinum 6	100%	\$75	\$150	\$75	\$150	78.0%	54.6%	\$100.00	a,b,c,d
Platinum 11	100%	D&C	D&C+\$150	D&C	D&C+\$150	91.4%	60.5%	\$100.00	a,b,c,d
Platinum 14	100%	\$150	\$150	\$150	\$150			\$75.00	c,d

Methodology

- An effective coinsurance for Per-Occurrence Deductibles on Imaging services and Outpatient facility fee was calculated based on unit costs derived from UnitedHealthcare's proprietary pricing model.
- Actuarial Value is the blend of Free-Standing and Hospital setting run, where weight of Free Standing and Hospital Setting are adjusted based on actual utilization of free standing and hospital facilities by service categories.
- Specialty Rx: Entered the Rx Tier cost share with the highest specialty drug utilization per UnitedHealthcare's proprietary pricing model.
- See Exhibit 2 for plan benefit description, and for tie-in to benefit plan name.

Certification

For plan design features that do not fit into the parameters of the AV Calculator, I certify that both the methodology and the calculated estimated values are in accordance with generally accepted actuarial principles and methodologies.



Daniel Akier, ASA, MAAA

Actuarial Memorandum
UnitedHealthcare of the Mid-Atlantic, Inc., NAIC #95025
DC Small Group Rate Filing

May 1, 2017

This rate filing presents proposed premium rates effective January 1, 2018 through December 31, 2018 for medical and Rx benefit plans to be sold by UnitedHealthcare of the Mid-Atlantic, Inc. to small group employers.

The filing has been prepared as required by the “Reasonable Health Insurance Ratemaking and Health Care Reform Act of 2010”, as well as current ACA rules and more recent guidance from the DC Department of Insurance. This rate filing should not be used for any other purposes. Within that context, there are no limitations or constraints on the use or applicability of the rating items discussed herein. The intended user of this filing is the DC Department of Insurance.

The benefit plans and rates are for non-grandfathered employers. The proposed rates and rate factors are in Exhibit 1, which also displays the metal level and actuarial value of each benefit plan. Benefit plan descriptions are in Exhibit 2. Exhibit 4 identifies new benefit plans being added in 2017, and 2016 benefit plans with plan changes (uniform modification).

Responding to the items in the DC Rate Filing Checklist:

1. Purpose of Filing. UnitedHealthcare is filing for the first time rates for 2018. The proposed 1st quarter 2018 rates are on average 10.2% higher than our 1st quarter 2017 rates. The rate changes vary by benefit plan as we have realigned our price relationships between plans. In addition, we are filing for quarterly rate increases as follows: 2Q18 +2.1%, 3Q18 +2.2%, 4Q17 +2.1%. These quarterly rate increases are equivalent to an annual 8.7% trend rate. The average year-over-year renewal rate change is +9.5%, the minimum change is -2.0%, the maximum change is +14.0%. Please see Exhibit 3 for detail on the rate changes.

2) Form Numbers. The form numbers are as follows: POL.SHOP.H.2018.SG.DC, COC.SHOP.H.2018.SG.DC, SBN.CRE.H.2018.SG.DC.GO10, SBN.CRE.H.2018.SG.DC.GO11, SBN.CRE.H.2018.SG.DC.SL8, SBN.CRE.H.2018.SG.DC.SL11, SBN.CRE.H.2018.SG.DC.BR4, SBN.CRE.H.2018.SG.DC.BR5, SBN.NAV.H.2018.SG.DC.GO10, SBN.NAV.H.2018.SG.DC.GO11, SBN.NAV.H.2018.SG.DC.SL8, SBN.NAV.H.2018.SG.DC.SL11, SBN.NAV.H.2018.SG.DC.BR4, SBN.NAV.H.2018.SG.DC.BR5, RID.PDS.NET.H.2018.SG.DC, RID.PVCS.NET.H.2018.SG.DC, RID.RX.NET.H.2018.SG.DC, SBN.RX.NET.H.2018.SG.DC.104075, SBN.RX.NET.H.2018.SG.DC.NONE, RID.REALAP.H.2018.SG.DC

3) HIOS Product ID. The HIOS product ID for our HMO product is: 21066DC001.

4) Effective Date. 1/1/2018.

5) Market. The benefit plans will be offered in the small employer group market.

6) Status of Forms. The forms are open to new sales, and are for non-grandfathered groups.

7) Benefits/Metal Levels. The benefits by plan are summarized in Exhibit 2. The metal level for each benefit plan is indicated in Exhibit 1.

7.1) AV Value. The actuarial value for each plan design using the HHS provided AV calculator is indicated in Exhibit 1. For plan designs that do not fit into the AV calculator, certification of the methodology and input used is in Exhibit B.

8) Average Rate Increase Requested.

Incremental:

1Q18/4Q17: +2.2%
2Q18/1Q18: +2.1%
3Q18/2Q18: +2.2%
4Q18/3Q18: +2.1%

Year-over-year renewal:

1Q18/1Q17: +10.2%
2Q18/2Q17: +9.7%
3Q18/3Q17: +9.3%
4Q18/4Q17: +8.8%
Average year-over-year renewal: +9.5%

9) Maximum Rate Increase Requested.

Incremental:

1Q18/4Q17: +5.8%
2Q18/1Q18: +2.1%
3Q18/2Q18: +2.2%
4Q18/3Q18: +2.1%

Year-over-year renewal: +14.0%

10) Minimum Rate Increase Requested.

Incremental:

1Q18/4Q17: -8.0%
2Q18/1Q18: +2.1%
3Q18/2Q18: +2.2%
4Q18/3Q18: +2.1%

Year-over-year renewal: -2.0%

11) Absolute Maximum Premium Increase. The absolute maximum year-over-year renewal increase, including one year of aging, is +18.5%.

12) Average Renewal Rate Increase for a Year. The average renewal rate increase by HIOS product ID is: 21066DC001 +9.5%.

13) Rate Change History.

10/1/17: +2.6%
7/1/17: +2.5%
4/1/17: +2.5%
1/1/17: +3.3%
10/1/16: +1.9%
7/1/16: -3.2%
4/1/16: +1.9%

1/1/16: +5.0%
10/1/15: +1.9%
7/1/15: +2.0%
4/1/15: +1.9%
1/1/15: -10.4%

14) Exposure. As of January, 2017:
Policies: 43
Certificates: 99
Covered Lives: 127

15) Member Months. See Exhibit A.

16) Past Experience. See Exhibit A.

17) Index Rate. \$295.75

17.1) Rate Development.

The base experience is shown in Exhibit A.

We are proposing to set our 1st quarter 2018 rates on average 10.2% higher than our current 1st quarter 2017 rates, and then apply quarterly rate increases in each of the last three quarters of 2018. The quarterly rate increases are equivalent to an annual 8.7% trend rate. Our analysis, please see Exhibit D, indicates that these rates will yield an 79.1% underwriting loss ratio (claims divided by premium which includes PPACA fees).

18) Credibility Assumption. We have set our rate levels based on the combined DC experience on our small group licenses, which we believe is credible.

19) Trend Assumption. See Exhibit T. At UnitedHealthcare, we have a team of actuaries whose responsibilities include developing forward-looking trend projections and monitoring historical performance in relation to trend. We rely on this team to provide guidance on trends appropriate for DC rate development.

20) Cost Sharing Changes and 21) Benefit Changes.

Changes to member cost sharing were required for certain benefit plans. Use of the new federal Actuarial Value (AV) Calculator led to some benefit plans falling outside the allowed +2% /-4% AV metal ranges. Benefit plan changes were made to move these plans back into the allowed AV ranges. The benefit changes for these plans, and the estimated cost value of the changes, is shown in Exhibit 4.

22) Plan Relativities. We refined the medical plan price relativities to reflect the most recent methodology update using the most recent available models. The medical plan price relativities were developed using our pricing model ARC (Actuarial Relativity Calculator). The ARC model is based on UnitedHealthcare nationwide experience data, containing utilization frequencies and unit costs by service category, and claim distributions and adjustment factors for a large number of plan design variables. Benefit design parameters such as deductibles, coinsurance, copays, out-of-pocket maximums, etc. were input for each plan into ARC. The expected net-to-allowed relativity for each plan is then used to develop the plan relativities for each benefit plan. All benefit plans are priced

consistently with each other, with the rates different only by the estimated value of the benefit differences. The prescription drug plan relativities were similarly developed using our ARC Pricing model: this model, based on nationwide UnitedHealthcare prescription drug experience, values the cost differences of Rx copays by tier, and other plan cost sharing features such as Rx deductibles and coinsurance.

Using the new ARC model (used for both medical and Rx price relativities), we set the new 2018Q1 base rates to be 6.5% higher, using our 2016 membership by benefit plan as weights, than the 2017Q1 rates. This is demonstrated in Exhibit 6.

23) Rating Factors. We are resetting our 1st quarter 2018 Effective Date Adjustment (EDA) factors to 1.000. Rating factors are displayed on Exhibit 1.

23.1) Wellness Programs. No wellness programs are included in this rate filing.

24) Distribution of Rate Increases. The distribution of rate increases is shown in the DISB Actuarial Memorandum Dataset.

25) Claim Reserve Needs. The incurred period used for the base period is 1/1/16 through 12/31/16, using claims paid through February, 2017. The claim reserve amounts are included in Exhibit A. A description of our reserving methodology is included in the Part III Actuarial Memorandum.

26) Administrative Costs of Programs that Improve Health Care Quality. The amount of administrative costs included with claims in the numerator of the MLR calculation is 1.1%. This amount is consistent with the most recently filed (2016 calendar year) Supplemental Health Care Exhibits, where the Improving Health Care Quality costs in total for our small group licenses is 1.1% of premium.

27) Taxes and Licensing or Regulatory Fees. The amount of taxes, licenses, and fees subtracted from premium in the denominator of the medical loss ratio calculation is 6.8%. Differences from amounts in the Supplemental Health Care Exhibit are due to different amounts of PPACA fees by year, and different Federal Income Taxes due to different underwriting loss ratios.

28) Medical Loss Ratio (MLR). The anticipated Federal MLR is 85.3%, which is greater than the 80% minimum. The estimated Federal MLR components, adjustments, and formula are as follows:

- 79.1% Underwriting loss ratio
- 1.1% QI/HIT Medical costs added
- 0.6% GAAP Medical reclass to MLR SG&A
- 6.8% Taxes, regulatory fees and assessments

MLR formula: $[(UW\ LR) \times (1 + QIT) \times (1 + \text{medical reclass})] / (1 - \text{taxes})$

29) Risk Adjustment. Based on analysis done in conjunction with a national actuarial consulting firm, we estimate we will be a 4.1% risk payer in total for our small group licenses, this is assumed in the underwriting loss ratio development.

30) Past and Prospective Loss Experience Within and Outside the State. Only loss experience on DC plans, written on DC employers, was used in the development of the rates. This experience does include medical services provided outside DC, to employees of DC employers who live outside DC, or to DC residents who obtain medical services outside DC. We have set our rate

levels based on the total overall experience of our small group licenses in DC, which we believe is credible, thus not requiring use of loss experience outside the state.

31) A Reasonable Margin for Reserve Needs.

The profit margin assumed in the development of the proposed rates is 2.8% of premium. This assumption was derived as: 100% – projected underwriting loss ratio – projected expenses (including PPACA fees) as % of premium – projected taxes (including FIT) as % of premium. This methodology has not changed from prior filings.

32) Past and Prospective Expenses.

The expenses assumed in the development of the proposed rates are as follows. These are the total average expenses for the small group licenses. Except for difference in PPACA fees which vary by calendar year, they are forecasted 2017 year expenses that are expected to continue in the future.

<u>% of Premium</u>	<u>Expense Category</u>
2.2%	Salaries, wages, employment taxes, and other employee benefits
3.2%	Commissions
6.8%	Taxes, licenses, and other regulatory fees
2.1%	Cost containment programs / quality improvement activities
3.8%	<u>All other administrative expenses</u>
18.1%	Total

33) Any Other Relevant Factors Within and Outside the State. None.

34) Other. None.

35) Actuarial Certification.

I, Daniel Akier, an Actuary at UnitedHealthcare, am an ASA and MAAA. I satisfy the 2017 continuing professional development requirements of the Academy and therefore am qualified to issue this 2018 statement of actuarial opinion. I have reviewed applicable ASOPs during the preparation of this rate filing. There are no known cautions with regard to risk or uncertainty in the items discussed in this rate filing. There are no conflicts of interest with regards to my production of this rate filing.

I certify that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of DC and all applicable Actuarial Standards of Practice, including ASOP No. 8, and the rates are not unfairly discriminatory.



Daniel Akier, ASA, MAAA

Date: 5/1/2017

36) Part I Preliminary Justification for Grandfathered Plan Filings. Not applicable.

36.1) Unified Rate Review Template. This is provided via SERFF.

37) Part II Preliminary Justification. This is provided via SERFF.

38) DISB Actuarial Memorandum Dataset. This is provided via SERFF.

39) DC Plain Language Summary. This is provided via SERFF.

40) Summary of Components for Requested Rate Change: Please see Exhibit 3.

41) CCIIO Risk Adjustment Transfer Elements Extract (RATE 'E'). This data element was not available at the time of submission.

42) Additional Requirements for Stand-Alone Dental Plans. Not applicable.

List of exhibits included in rate filing:

Exhibit 1: Rates and rate factors.

Exhibit 2: Benefit plan descriptions.

Exhibit 3: Rate factor changes.

Exhibit 4: New, terminated and changed benefit plans.

Exhibit 5: Rating example.

Exhibit 6: Revenue Neutrality Adjustment from Benefit Plan Resloping to New Pricing Model

Exhibit A: Member months, earned premium & incurred claim experience.

Exhibit B: Certification for AV calculator.

Exhibit C: PPACA fees & development of fee EDA factors by quarter.

Exhibit D: Development of underwriting loss ratio.

Exhibit T: Trend assumptions and development.

Please keep these rates confidential to the extent allowed by DC law.

If you have questions, or need any further information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Daniel Akier". The signature is written in a cursive, flowing style.

Daniel Akier, ASA, MAAA
Actuary
UnitedHealthcare

**Federal Rate Filing Justification Part III
Actuarial Memorandum and Certification**

UnitedHealthcare of the Mid-Atlantic, Inc.

NAIC: 21066

FEIN: 521130183

State of District of Columbia Rate Review

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Section 1: Purpose

Following is a rate filing prepared by UnitedHealthcare of the Mid-Atlantic, Inc.. This filing has been prepared to provide the necessary information required by the Department of Health and Human Services and the state of District of Columbia. The purpose of this memorandum is to provide information relevant to the Federal Part I Unified Rate Review Template (URRT).

This filing establishes rates intended to be used for non-grandfathered PPACA compliant small group health benefit plans sold off the Small Business Health Options Program in District of Columbia for the 2018 plan year. A rate increase is being filed at this time. The rates and other information in this submission are based on the current regulations and guidance from HHS. Changes to this filing may be necessary if there are revisions to the regulations or updated guidance from HHS.

This memorandum is intended solely for the information of and use by the Department of Health and Human Services and the District of Columbia Department of Insurance and Financial Services. It will demonstrate compliance with state and federal laws and regulations related to the development of the index rate and allowable rating factors and is not intended to be used for any other purpose.

The attached document contains confidential, proprietary information and trade secrets. This information is strictly confidential and protected from disclosure by D.C. Code section 31-3303.08(b) and D.C. Code section 2-534(a)(1). If the prohibition against disclosure by the Department of Insurance and Financial Services is reassessed at a later date, it may not be disclosed to any other state or federal regulatory agencies unless the recipient agrees in writing prior to receipt to maintain the confidentiality of the information.

Section 2: General Information

Company Identifying Information

Company Legal Name:	UnitedHealthcare of the Mid-Atlantic, Inc.
State:	District of Columbia
HIOS Issuer ID:	21066
Market:	Small Business, 1-50
Proposed Effective Date:	January 01,2018

Primary Contact Information

Name:	Daniel Akier, ASA, MAAA
Telephone Number:	860-702-5868
Email Address:	daniel_c_akier@uhc.com

Section 3: Proposed Rate Changes

The proposed change in rates for this filing is 9.5% compared to the prior filing. This change is uniform across all plans. These changes are applied uniformly to all plans within a Rating Area. The proposed change also includes adjusting pricing trend to 8.7% annually.

- Changes in medical service costs
 - Increasing Cost of Medical Services – Annual increases in reimbursement rates to health care providers – such as hospitals, doctors and pharmaceutical companies.
 - Increased Utilization – The number of office visits and other services continues to grow. In addition, total health care spending will vary by the intensity of care and/or use of different types of health services. Patients who are sicker generally have a higher intensity of health care utilization. The price of care can be affected by the use of expensive procedures such as surgery vs. simply monitoring or providing medications.
 - Higher Costs from Deductible Leveraging – Health care costs continue to rise every year. If deductibles and copayments remain the same, a greater percentage of health care costs need to be covered by health insurance premiums each year.
 - Cost shifting from the public to the private sector – Reimbursements from the Center for Medicare and Medicaid Services (CMS) to hospitals are do not generally cover all of the cost of care. The cost difference is being shifted to private health plans. Hospitals typically make up this difference by charging private health plans more.
 - Impact of New Technology – Improvements to medical technology and clinical practice often result in the use of more expensive services - leading to increased health care spending and utilization.
- Administrative costs and anticipated profit
 - UnitedHealthcare works to directly control administrative expenses by adopting better processes and technology and through the development of programs and innovations that make health care more affordable. We have led the marketplace by introducing key innovations that make health care services more accessible and affordable for customers, improve the quality and coordination of health care services, and help individuals and their physicians make more informed health care decisions.
 - Additionally, UnitedHealthcare indirectly controls medical cost payments by using appropriate payment structures with providers and facilities. UnitedHealthcare's goal is to control costs, maximize efficiency, and work closely with physicians and providers to obtain the best value and coverage.

-
- State and/or Federal government imposed taxation and fees are another significant factor that impacts health care spending. These fees include ACA taxes and fees which will have increased health insurance costs and need to be reflected in premium.
 - Changes that vary by plan
 - All plan relativity factors have been updated to reflect UnitedHealthcare's most recent pricing model.
 - The impact of any changes to plans that have occurred due to uniform modification are also reflected in the updated plan relativity factors. Please see the "Plan Adjusted Index Rate" section of the memorandum for more detail on these changes.

We refined the medical and pharmacy plan price relativities to reflect the most recent pricing methodology and pricing models. The methodology is based on UnitedHealthcare nationwide experience data, which contains utilization frequencies and unit costs by service category, in addition to claim distributions and adjustment factors for a large number of plan design variables. Benefit design parameters such as deductibles, coinsurance, copays, out-of-pocket maximums, etc. were input for each plan. The expected paid-to-allowed relativities and expected utilization differences due to differences in cost sharing for each plan are then used to develop the plan factors for each benefit plan. All benefit plans are priced consistently with each other, with the rates differing only by the estimated value of the benefits and the expected utilization differences due to differences in cost sharing. The utilization differences do not reflect differences due to health status. The net impact of all changes by plan can be found in Worksheet 2, Section I of the Unified Rate Review Template.

Significant factors driving the proposed rate changes are discussed in further detail in Section 6 (*Projection Factors*) and Section 7 (*Credibility Manual Rate Development*) of this memorandum.

Section 4: Experience Period Premium and Claims

Paid Through Date

The experience period is 1/1/2016 through 12/31/2016, with claims paid through 2/28/2017.

Premiums (net of MLR Rebate) in Experience Period

Earned premium for our small group market business in District of Columbia for 2016 was approximately \$235,900. MLR rebate payments are not anticipated in District of Columbia for the 2016 calendar year, an estimate that was provided by UnitedHealthcare's finance department. The estimated 2016 benefit year risk adjustment transfer payment is \$-8,891. No risk corridor payments are anticipated. More details regarding risk adjustment estimation is included in section 10. Therefore, premium net of MLR rebates and risk adjustment (payment/receivable) is \$244,780.

Support for estimate of incurred but not paid claims

The UnitedHealthcare Reserving process utilizes the Reserve Production System (RPS) to record reserves into the PeopleSoft general ledger. Fee for service and paid and payable claim data is loaded into RPS and becomes the basis for the monthly reserve calculations at the various legal entity, market and group size levels. The assignment of the claims data into RPS packages is based on the mapping rules maintained by the Corporate Actuarial department. RPS calculates a preliminary best estimate Incurred But Not Reported (IBNR) for each reserving model (package) primarily using standard algorithms based on historical claim experience. The Claims Accounting Reserving Team adjusts the preliminary IBNR based on specific knowledge of the entity (i.e. catastrophic claims, pended claims, etc.) to calculate the final IBNR. In months where adjudicated claims experience is not complete enough for an estimate using completion factors, a seasonally adjusted PMPM is used to estimate incurred claims.

A description of the Sarbanes Oxley controls, audited by Deloitte & Touche, in place regarding the reserving process includes:

- 1) Market Paid claim Tie-outs: To verify completeness and accuracy of financial data in RPS, paid claim data is tied out between source system (RPS) and PeopleSoft general ledger.
- 2) Market Expense Tie-outs: RPS reserve changes on the income statement are tied to the PeopleSoft general ledger to ensure that information is accurate subsequent to computing the reserve.
 - Allowed claims by benefit category were obtained from UnitedHealthcare claim paying system reports.

The same completion factors are applied to both incurred and allowed claims amounts.

Section 5: Benefit Categories

Claims were assigned to each of the benefit categories based on where services were administered and the types of medical services rendered. The benefit categories were defined by our claims department using standard industry definitions.

Inpatient Hospital

Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.

Outpatient Hospital

Includes non-capitated facility services for surgical, emergency room, laboratory, radiology, therapeutic, observation, and other services provided in an outpatient facility setting and billed by the facility.

Professional

Includes non-capitated primary care, specialist care, therapeutic, the professional component of laboratory and radiology, and other professional services, other than hospital based professionals whose payments are included in facility fees.

Other Medical

Includes non-capitated ambulatory, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other services.

Capitation

Includes all services provided under one or more capitated agreements.

Prescription Drug

Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

Section 6: Projection Factors

Changes in the Morbidity of the Population Insured

The total Population Risk Morbidity Adjustment is 1.005. It is comprised of the following factors:

Other Population Risk Morbidity Adjustments:

All other adjustments account for 0.5% of the total population risk morbidity adjustment factor.

Other Adjustments

The total other adjustments are 0.963, it is comprised of the following factors:

Catastrophic Claims Adjustment:

An adjustment was made to account for catastrophic claims experience in the experience period. The claims were adjusted by 4% to align with expected catastrophic claim levels in the rating period.

Changes in Demographics:

The DISB specified age curve was used in rating.

Induced Demand Shift:

An adjustment of 1.2% was made to account for the expected change in allowed claims due to the shift in the distribution of benefit plans between the experience period and the rating period.

Demographic Creep:

A morbidity adjustment of 0.5% was made for expected claim costs in 2018 compared to the experience period. The adjustment is needed to account for policies being quoted on an “issue-age” basis, where a 12-month rate is developed based on a members age as of the effective date of the policy. The age factors do not account for aging that occurs during the policy year.

All Other Adjustments:

All other adjustments account for -9.0% of the total other adjustments.

Trend

25 months of trend were applied to our 2016 experience to project it to the 2018 rating period. Our most recent analysis indicates annual trend in the state of District of Columbia for the 2017 and 2018 calendar years will be 7.1% and 8.7%, respectively. The table below details the components of each trend factor.

Trend Component	2017 (a)	2018 (b)	Annualized for URRT Wksh1 (c) = ((1+a)*(1+b))-1
Unit Cost	3.60%	4.10%	3.70%
Utilization	2.60%	3.70%	3.40%
Total	7.10%	8.70%	7.90%

UnitedHealthcare develops forward-looking medical expense estimates based on a number of considerations. In general, recent/emerging claims experience is reviewed at the market level for several broad medical expense categories (inpatient, professional, pharmacy, etc.), with utilization, unit cost, and benefit leveraging identified for each category. Future trends are developed based on a projection of each component.

Utilization rates by category are measured and projected. Forward looking utilization levels are developed based on emerging market level data, supplemented by regional and/or national level utilization data. Macro-economic data is often used to develop assumptions regarding directional changes in national health care consumption rates. UnitedHealthcare uses same store analysis to reflect utilization.

Market-level unit cost projections are developed based on evaluations of current and anticipated provider contract economics, as well as consideration to both current and expected changes in non-contracted provider cost exposure. Unit cost projections also consider the estimated cost impact of new technologies, service availability/mandates, or other factors that might influence mix of procedures. Unit cost is based on our contractual changes with providers.

In addition, market-level healthcare affordability activities that are expected to impact forward-looking medical costs are recognized. Depending on the nature of individual initiatives, the impact may be recognized in one or more of the component cost items discussed above. Only incremental activities are recognized for this purpose in the expected trend impact for any particular period.

Section 7: Credibility Manual Rate Development

Source and Appropriateness of Data Used

- The combined experience of Optimum Choice, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., and UnitedHealthcare Insurance Company in District of Columbia were used for rate development.

Adjustments Made to the Data

Adjustments similar to the ones described in Section 6 were applied to the experience of the credibility manual to project it to the projection period. In addition, the credibility manual was adjusted to reflect the average age, geography, plan design and morbidity of the adjusted experience period claims.

An adjustment to the credibility manual was made to account for catastrophic claims experience in the experience period.

Inclusion of Capitation Payments

Capitation payments are included in both the experience and projections.

Section 8: Credibility of Experience

User Defined Member Month Credibility Threshold

The experience for this legal entity contains 1,004 member months which does not exceed the member months needed to be considered fully credible. As such the credibility of UnitedHealthcare of the Mid-Atlantic, Inc. is set to 0%, and the remaining uses the credibility manual described above.

Section 9: Paid-to-Allowed Ratio

Paid-to-allowed ratios were developed for each plan using the proprietary UnitedHealthcare pricing model. This model uses nationwide UnitedHealthcare experience, which is fully credible. Claim data is projected to the pricing period based on national projections of utilization and unit costs. These projections are done at the service category level (inpatient, outpatient, etc.). Benefit design parameters such as deductibles, copays, and coinsurance rates are applied to the claim distributions of the matching service category. Cost sharing is applied, and the values of each service category are summed to determine an overall benefit value, or paid-to-allowed ratio. In order to preserve consistency, the same claim experience and projection assumptions are applied to all plan relativity calculations.

The average paid-to-allowed ratio is based on the paid-to-allowed ratios developed for each plan using the model discussed above and weighting them by the projected membership by plan. The member distribution is discussed under Section 21 (*Membership Projections*) of this memorandum.

Section 10: Risk Adjustment and Reinsurance

Experience Period Risk Adjustment and Reinsurance Adjustments (PMPMs)

Risk Adjustments for the experience period are not known at this time.

Our 2016 risk adjustment transfer PMPM is estimated using data provided to UnitedHealthcare as a result of our participation in a multi-state study done by a large, independent actuarial consulting firm. Based on the results of that study, we expect that risk level of the membership insured by UnitedHealthcare of the Mid-Atlantic, Inc. to be higher than the market. This results in an approximate adjustment of \$-8.86 to the experience period premium.

Since this is a small group filing and the state of District of Columbia chose not to combine its individual and small group markets, reinsurance recoveries are not applicable to this rate filing. As such, no adjustments were made to the experience.

Projected Risk Adjustments Net of Risk Adjustment User Fees

UnitedHealthcare of the Mid-Atlantic, Inc. anticipates paying an average of \$8.47 PMPM for risk adjustment transfers in the state of District of Columbia for the 2018 plan year. We are assuming the risk level of our business relative to that of our competitors for the 2018 plan year will be similar to what it was in the 2016 plan year. Since risk adjustment transfer payments are a function of the market level premium, our 2018 risk adjustment transfer PMPM amount is calculated by adjusting our estimated 2016 risk adjustment transfer PMPM amount for the projected market level trend, changes in reinsurance fees and recoveries, and other adjustments based on the overall financial performance of the market. The HHS Notice of Benefit and Payment Parameters for 2018 specifies a risk adjustment user fee of \$0.14 PMPM.

The projected risk adjustment transfers net of risk adjustment user fees are therefore \$-8.61 PMPM.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

The reinsurance program ended in 2016. As such, reinsurance premiums were not included in the 2018 rate development.

Section 11: Non-Benefit Expenses and Profit

Administrative Expense Load

The administrative expense load is a long-term estimate of administrative expenses, including selling expenses and general administrative expenses. This load does not vary by product or plan. These assumptions are based on the general ledger actual results (GAAP) for 2016 with known adjustments. Known adjustments include, but are not limited to, pay increases/raises for employees and administrative expenses as a result of Healthcare Reform and compliance requirements. The administrative expense allocation methodology used in pricing is appropriate because it is consistent with how UnitedHealthcare runs its business and how it allocates administrative costs for Statutory Filings and the Healthcare Reform Exhibits.

Profit and Risk Margin

The profit and risk margin is shown in Worksheet 1, Section 3 of the URRT. This target does not vary by product or plan.

The profit and risk margin is derived from the difference between the target loss ratio and the administrative expenses, taxes and fees.

The profit and risk margin results in a MLR above the minimum requirements as described in the Projected Loss Ratio section.

Taxes and Fees

Taxes and fees are expected to be 6.8% and include premium tax, exchange fees, PCORI fees, and federal income tax. The following is a breakdown of the taxes and fees.

Premium Taxes and Fees Allocation	Estimated % of Premium
Federal / State Income Tax on Profit & Risk Load	1.6%
Premium Tax	2.0%
ACA Taxes: Insurer Fee	2.0%
ACA Taxes: Reinsurance Fee	0.0%
ACA Taxes: PCORI Fee	0.0%
ACA Taxes: Risk Adjustment User Fee	0.0%
ACA Taxes: Exchange User Fee	1.0%
All Other Taxes & Fees	0.1%
Total	6.8%

Section 12: Projected Loss Ratio

The projected loss ratio for calendar year 2018 is 79.1%. Using the federally prescribed MLR methodology the MLR is 85.5%. UnitedHealthcare of the Mid-Atlantic, Inc. agrees to comply with the rebate requirements of 45 CFR Part 158 should the actual market MLR fall below the 80.0% requirement.

Section 13: Single Risk Pool

The single risk pool reflects all covered lives for every small group non-grandfathered product and plan combination for UnitedHealthcare of the Mid-Atlantic, Inc. in the state of District of Columbia. It is established in accordance with the requirements of 45 CFR §156.80(d).

Section 14: Index Rate

The Index Rate for the experience period is equal to the allowed claims PMPM. Benefits that are in excess of EHBs are estimated to be a de minimis amount. Therefore, the allowed claims were not adjusted to exclude these benefits.

Small Group Trend Adjustment

We are proposing premium rates that trend by quarter. The trend assumption only includes unit cost and utilization trend as this calculation is on an allowed basis.

	Q1	Q2	Q3	Q4	Average
CY 2018 Index Rate	\$ 284.16	\$ 284.16	\$ 284.16	\$ 284.16	\$ 284.16
Trend to the Midpoint of Each Quarter	1.010	1.029	1.049	1.069	1.043
Quarterly Index Rate	\$ 285.12	\$ 291.55	\$ 303.98	\$ 303.98	\$ 295.75
Member Months	263	162	194	385	1,004

Section 15: Market Adjusted Index Rate

The market adjusted index rate includes market-wide adjustments for the risk adjustment program and exchange user fees. Please refer to Section 10 (*Risk Adjustment*) and Section 11 (*Non-Benefit Expenses and Profit*) of this memorandum for a brief description of each of these items. Incurred values were grossed up by the average paid-to-allowed ratio to reflect an allowed basis.

Index Rate	Net Risk Adjustment (allowed basis)	Exchange Fee Adjustment (allowed basis)	Market Adjusted Index Rate
\$295.75	\$11.37	\$3.73	\$310.86

The figures above may not tally exactly due to rounding of the display.

Section 16: Plan Adjusted Index Rates

The development of the projected index rate and all rating factors is in compliance with all applicable federal statutes and regulations (45 CFR 156.80 and 147.102)

Actuarial Value and Cost Sharing Adjustment

UnitedHealthcare has a proprietary pricing model that was used in developing the actuarial value and cost sharing adjustment for each plan. The model calculates plan relativity factors for medical and pharmacy benefits. Also included under the actuarial value and cost sharing adjustment are adjustments for leveraging and the difference between the average plan relativity factor and the projected paid to allowed ratio.

UnitedHealthcare of the Mid-Atlantic, Inc. does not utilize Induced Demand factors in our rate development. Instead, our plan-specific pricing factors are based on an analysis of UnitedHealthcare of the Mid-Atlantic, Inc.'s nationwide block of Small Group health insurance, which reflects over 10 million member months of experience. Our approach complies with the prohibition of rating for morbidity differences by normalizing out the cost differences attributable to morbidity as measured by HHS's risk adjustment mechanism.

Historical UnitedHealthcare experience was used to develop the actuarial value and cost sharing adjustment.

Provider network, delivery system and utilization management adjustment

Any adjustments for these items are included in the plan relativity factors.

Benefits in Addition to EHBs

The Index Rate for the experience period is equal to the allowed claims PMPM. Benefits that are in excess of EHBs are estimated to be a de minimis amount. Therefore, the allowed claims were not adjusted to exclude these benefits.

Distribution and Administrative Costs

Distribution and administrative costs include premium tax, PCORI fees, SG&A, quality improvements, federal income tax, and after-tax income. These items were previously discussed in Section 11 (*Non-Benefit Expenses and Profit*) of this memorandum. Risk adjustment transfers and user fees and exchange fees are excluded because they are accounted for in the market adjusted index rate.

Section 17: Calibration

Plan Adjusted Index Rates need to be calibrated to apply the allowable rating factors of age and geography in order to calculate the Consumer Adjusted Premium Rates. Calibration factors are applied uniformly to all plans.

Age Calibration

The calculated age curve calibration is 0.828, which equals the average age factor of the expected member distribution by age. This corresponds with an approximate age of 32 years. The age factors used in this calculation are the HHS-specified age curve. Please see the Age Calibration exhibit near the end of this document.

Geographic Calibration

The geographic factor calibration is 1, which equals the expected average area factor. A table of the geographic rating factors is below.

Rating Area	Area Factor
1	1.000

Geographic rating factors are reviewed periodically versus UnitedHealthcare claims data that reflects unit cost differences by county. Such a review was conducted as part of our January 1, 2018 rate development.

Our analysis did not indicate that there were credible, material differences indicated by the comparison of currently approved area factors and the UHC data reflecting unit cost differences.

Population morbidity by area was not considered when determining geographic area factors.

Calibrating the plan adjusted index rate to the age curve and geographic distribution results in the calibrated premium rate for each plan. The calibrated premium rate represents the preliminary premium rate charged to an individual before applying the consumer specific rating adjustments for age and area.

Tobacco Calibration

Tobacco factors are not used in the rating of these products, and calibration is needed.

Section 18: Consumer Adjusted Premium Rate Development

The consumer adjusted premium rate is the final premium rate that is charged to an individual. It is developed by calibrating the plan adjusted index rate by the average age and geographic rating factors, and applying the consumer specific age and geographic rating factors. The calculation is provided below.

Plan Adjusted Index Rate

/ Age Calibration Factor

/ Geographic Calibration Factor

* Consumer Specific Age Rating Factor

* Consumer Specific Geographic Rating Factor

* Small Group Trend Adjustment

=Consumer Adjusted Premium Rate

Small Group Trend Adjustment

Since this is a small group filing that includes rates with schedule trend increases by quarter, the Index Rate, Market Adjusted Index Rate and Plan Adjusted Index Rate reflect the member weighted average premium over the calendar year. As such, the Consumer Adjusted Premium Rate needs to include a trend adjustment specific to the quarter for which the rates are being calculated. The trend factors used to develop the consumer adjusted premium rates are shown below.

	Quarterly Trend (a)	Average Trend (b)	Trend Adjustment (a) / (b)
Q1	1.01	1.044	0.967
Q2	1.032	1.044	0.988
Q3	1.054	1.044	1.010
Q4	1.076	1.044	1.031

Section 19: AV Metal Values

The AV calculator used to calculate the AV metal values is based on a prescribed methodology and, therefore, does not necessarily reflect a reasonable estimate of the portion of allowed costs covered by the associated plan. Please refer to Section 9 (*Paid-to-Allowed Ratio*) of this memorandum for further detail regarding our estimate of the portion of allowed costs covered by each plan.

Some plans within this portfolio have cost sharing features that differ between individual and family coverage (i.e., when two or more people are covered by the plan). For all plans, consistent with the Actuarial Value Calculator inputs, we have used only the cost sharing provisions applicable for individuals in the actuarial value calculation.

The AV calculator was used to determine the AV metal values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Some of our plan designs are not directly compatible with the AV calculator. The values were developed in accordance with generally accepted actuarial principles and methodologies. Additional details are provided below to describe the types of adjustments that were made for plan designs that are not directly compatible with the AV calculator.

Copays Paid in Conjunction with Coinsurance

Some of our plan designs include copays that are paid in conjunction with coinsurance in the coinsurance range. This benefit design is not directly compatible with the AV calculator, so the alternate methodology described in 45 CFR 156.135(b)(2) was used for the AV calculation. In order to modify the AV calculator input for a copay paid in conjunction with coinsurance, the following formula was used to estimate the insurer's cost share.

$$\text{Effective Insurer Coinsurance Rate} = (1 - \text{Member Copay}/\text{Average Unit Cost}) * (1 - \text{Member Coinsurance Rate})$$

The benefit was then marked as "Subject to Deductible" and "Subject to Coinsurance" with a "Coinsurance, if different" equal to the effective insurer coinsurance rate as calculated above. The copay was entered in the "Copay if separate" column.

The average unit cost was calculated based on the claims data included within the AV calculator continuance tables for each metal level. For example, if the plan was expected to fall within a Silver Metal Tier, the average unit cost was calculated from the Silver continuance tables. All enrollees within a continuance table whose claims exceeded \$1,500 were included in the calculation of the average unit cost for each benefit type.

Benefits that Vary Based on Place of Service

For some types of services, our plan designs include different benefit levels based on the place of service (i.e. physician's office, free standing facility, or outpatient hospital facility). To incorporate this differentiation in benefits, the Tiered Network Option was selected within the AV calculator, and utilization was assigned to each tier based on historical experience of affiliated carriers.

HRA Contributions

Plan designs with HRA contributions of \$X apply to the member's final \$X of their deductible. To calculate a final AV, an adjustment was applied to the results of an AV run where the employer HRA contribution was \$0. The adjustment was equal to the difference in AV of runs where (1) the employer HRA contribution was equal to the deductible and (2) the employer contribution was equal to the deductible minus \$X.

Physician Tiering

Select plan designs include lower cost sharing when members utilize providers we designate as meeting cost and efficiency standards. The tiered network functionality of the AV calculator was utilized to account for the cost sharing differences. The utilization of providers was based on a UnitedHealthcare's study of differences in cost sharing and their effectiveness at driving utilization patterns.

Per Occurrence Copays

Select plan designs have per occurrence copays where a copay is paid before coinsurance is applied between the deductible and maximum out of pocket. These copays accumulate to the maximum out of pocket. To reflect this type of benefit an effective insurer coinsurance rate was calculated based on the average unit cost of the service and member coinsurance rate. The calculation is as follows:

$$\text{Effective Insurer Coinsurance Rate} = (1 - \text{Member Copay}/\text{Average Unit Cost}) * (1 - \text{Member Coinsurance Rate})$$

Some of the copays only apply to portions of the benefit categories that the AV calculator defines. For example, the Inpatient Hospital Services includes both physician and facility charges. To the extent the plan design per occurrence copay only applies to a portion of the services, the tiered Network functionality was utilized. The mix of services within the AV calculator benefit categories was based on historical experience.

The average unit cost was calculated based on the claims data included within the AV calculator continuance tables for each metal level where available.

Section 20: AV Pricing Values

The AV pricing values represent the cumulative effect of adjustments made by the issuer to move from the market adjusted index rate to the plan adjusted index rate. Each of the allowable modifiers to move from the market adjusted index rate to the plan adjusted index rate was previously discussed in Section 16 (*Plan Adjusted Index Rates*) of this memorandum.

Section 21: Membership Projections

The 2018 plan year membership projection was developed utilizing the experience period plan level membership distribution along with sales and persistency targets. Member distribution by plan was then based on current enrollment, taking into consideration changes in the portfolio of plans to be offered in 2018. Strictly for purposes of the URRT, we have projected membership by plan.

Section 22: Terminated Products

Some plans are being terminated as of the end of 2017. The terminated plans, if any, are not being mapped to specific plans. Rather, at renewal, employers are given the option to select from multiple plans.

Section 23: Plan Type

A plan type of HMO has been selected, which describes the plans exactly.

Section 24: Warning Alerts

Section 25: Reliance

Due to responsibility allocation, I have relied upon other individuals within the UnitedHealthcare organization to provide certain assumptions. Although I have performed a limited review of the information and have not found it unreasonable or inconsistent, I have not reviewed it in enough detail to fully judge the reasonableness of the information due to the substantial amount of additional time required. I have therefore relied upon the expertise of those individuals who have developed the assumptions, and am providing the information required by Actuarial Standard of Practice 41, section 4.3. A list of reliances is included below.

UnitedHealthcare Finance Department

- Projected SG&A Assumption
- Total Projected Membership

UnitedHealthcare National Pricing Team

- Plan Relativity Modeling

UnitedHealthcare Healthcare Economics Department

- Projected Trend
- Claims Reserves
- ACO/Premium Designated Provider
- Cost savings estimates
- Plan Relativity Modeling

Section 26: Actuarial Certification

I, Daniel Akier, ASA, MAAA, am a Associate Director of Actuarial Services for UnitedHealthcare, and a member of the American Academy of Actuaries. I meet the Academy's qualification standards for rendering statements of actuarial opinion with respect to the filing of rates for health insurance products.

To the best of my knowledge and judgment, I certify that:

- The projected index rate is:
 - In compliance with state and federal statutes and regulations related to the development of the index rate and allowable rating factors (such as 45 CFR 156.80 and 147.102).
 - Developed in compliance with the applicable Actuarial Standards of Practice.
 - Reasonable in relation to the benefits provided and population anticipated to be covered.
 - Neither excessive, deficient, nor unfairly discriminatory.
- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
- The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
- The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area.
- The AV calculator was used to determine the AV metal values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. Some of our plan designs are not directly compatible with the AV calculator. The values were developed in accordance with generally accepted actuarial principles and methodologies. The unique plan design actuarial certification required by 45 CFR Part 156.135 has been separately attached.
- The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop their rates. Rather, it represents information required by federal regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges, and for certification that the index rate is developed in accordance with federal regulation and used consistently and only adjusted by the allowable modifiers.



Daniel Akier, ASA, MAAA
Associate Director of Actuarial Services

5/1/2017

Date

Appendix 1

Index Rate Development

Projected EHB Allowed Claims PMPM (for 1/1/2018 Renewals)		\$284.16		
Projected Allowed Trend - Annualized		8.0%		
Projected Allowed Trend - Monthly		0.6%		
Renewal Month	Renewal Month Distribution	Index Rate By Renewal Month	Weighted ACA Reins. Fees & Risk Adj. Pmts	Market Adj. Index Rate By Renewal Month
1/1/2018	17.5%	\$284.16	\$15.11	\$299.27
2/1/2018	3.6%	\$285.98	\$15.11	\$301.09
3/1/2018	5.1%	\$287.81	\$15.11	\$302.92
4/1/2018	6.4%	\$289.66	\$15.11	\$304.77
5/1/2018	3.1%	\$291.51	\$15.11	\$306.62
6/1/2018	6.7%	\$293.38	\$15.11	\$308.49
7/1/2018	5.2%	\$295.26	\$15.11	\$310.37
8/1/2018	7.2%	\$297.15	\$15.11	\$312.26
9/1/2018	7.0%	\$299.05	\$15.11	\$314.16
10/1/2018	6.2%	\$300.97	\$15.11	\$316.07
11/1/2018	4.6%	\$302.89	\$15.11	\$318.00
12/1/2018	27.6%	\$304.83	\$15.11	\$319.94
Total	100.0%	\$295.75	\$15.11	\$310.86

Projected EHB Allowed Claims PMPM (for 1/1/2018 Renewals)		\$284.16		
Projected Allowed Trend - Annualized		8.0%		
Quarterly Allowed Trend		1.9%		
Renewal Quarter	Renewal Quarter Distribution	Index Rate By Renewal Quarter	Weighted ACA Reins. Fees & Risk Adj. Pmts	Market Adj. Index Rate By Renewal Quarter
2018Q1	26.2%	\$285.12	\$15.11	\$300.23
2018Q2	16.1%	\$291.55	\$15.11	\$306.66
2018Q3	19.3%	\$297.33	\$15.11	\$312.44
2018Q4	38.3%	\$303.98	\$15.11	\$319.09
Total	100.0%	\$295.75	\$15.11	\$310.86

Appendix 2

AV Certification

Certification for AV Calculator

Exhibit B

Estimation of fit of plan design into the parameters of AV calculator

Metallic Plan (e)	INN Coins	OP Copay Free Standing	OP Copay Hospital	Imaging (CT/PET Scans, MRIs) Free Standing	Imaging (CT/PET Scans, MRIs) Hospital	Imaging (CT/PET Scans, MRIs)	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Specialty Drugs (i.e. high-cost)	Methodology
Bronze 1	80%	D&C	D&C	D&C	D&C			\$150.00	c,d
Bronze 4	100%	D&C	D&C	D&C	D&C				d
Bronze 5	80%	D&C	D&C	D&C	D&C			\$150.00	c,d
Silver 3	90%	D&C	D&C	D&C	D&C			\$150.00	c,d
Silver 4	80%	D&C	D&C	D&C	D&C			\$150.00	c,d
Silver 8	70%	\$300 copay (no D&C)	D&C	\$300 copay (no D&C)	D&C	Two Runs	Two Runs	\$150.00	b,c,d
Silver 9	70%	\$300 copay (no D&C)	D&C	\$300 copay (no D&C)	D&C	Two Runs	Two Runs	\$150.00	b,c,d
Silver 11	100%	D&C	\$250+D&C	D&C	\$250+D&C	72.7%	45.7%	\$150.00	a, b, c, d
Silver 12	70%	\$250+D&C	\$250+D&C	\$250+D&C	\$250+D&C	41.5%	8.8%	\$150.00	a,c,d
Silver 13	80%	D&C	D&C	D&C	D&C			\$150.00	c,d
Silver 15	80%	D&C	D&C	D&C	D&C			\$150.00	c,d
Silver 16	80%	D&C	D&C	D&C	D&C			\$150.00	c,d
Silver 17	100%	\$1500	\$1500	\$850	\$850			\$75.00	c,d
Gold 1	90%	D&C	D&C	D&C	D&C			\$150.00	c,d
Gold 4	80%	\$300 copay (no D&C)	D&C	\$300 copay (no D&C)	D&C	Two Runs	Two Runs	\$150.00	b,c,d
Gold 6	90%	\$150 Copay (no D&C)	D&C	\$150 Copay (no D&C)	D&C	Two Runs	Two Runs	\$150.00	b,c,d
Gold 7	100%	D&C	D&C	D&C	D&C			\$150.00	c,d
Gold 8	80%	D&C	\$250+D&C	D&C	\$250+D&C	57.8%	49.5%	\$150.00	a,b,c,d
Gold 8 HMO/HMP	80%	\$250 copay (no D&C)	D&C	\$250 copay (no D&C)	D&C	Two Runs	Two Runs	\$150.00	b,c,d
Gold 9	90%	D&C	\$250+D&C	D&C	\$250+D&C	65.0%	55.7%	\$150.00	a,b,c,d
Gold 10	80%	D&C	\$250+D&C	D&C	\$250+D&C	57.8%	49.5%	\$150.00	a,b,c,d
Gold 10 HMO/HMP	80%	\$250 copay (no D&C)	D&C	\$250 copay (no D&C)	D&C	Two Runs	Two Runs	\$150.00	b,c,d
Gold 11	100%	D&C	\$150+D&C	D&C	\$150+D&C	83.4%	77.1%	\$150.00	a,b,c,d
Gold 12	80%	D&C	\$150+D&C	D&C	\$150+D&C	66.7%	61.7%	\$150.00	a,b,c,d
Gold 13	100%	D&C	\$250+D&C	D&C	\$250+D&C	72.3%	61.9%	\$150.00	a,b,c,d
Gold 14	80%	\$250+D&C	\$250+D&C	\$250+D&C	\$250+D&C	47.0%	7.8%	\$150.00	a,c,d
Gold 21	80%	D&C	D&C	D&C	D&C			\$150.00	a,c,d
Gold 22	100%	\$600	\$600	\$300	\$300			\$50.00	c,d
Platinum 1	100%	D&C	\$250+D&C	D&C	\$250+D&C	70.5%	60.5%	\$100.00	a,b,c,d
Platinum 2	100%	\$150	\$300	\$150	\$300	56.0%	18.3%	\$100.00	a,b,c,d
Platinum 3	90%	D&C	D&C	D&C	D&C			\$100.00	c,d
Platinum 4	100%	100%	\$150+D&C	100%	\$150+D&C	82.3%	65.2%	\$100.00	a,b,c,d
Platinum 5	100%	\$100	\$300	\$100	\$300	58.9%	16.2%	\$100.00	a,b,c,d
Platinum 6	100%	\$75	\$150	\$75	\$150	78.0%	54.6%	\$100.00	a,b,c,d
Platinum 11	100%	D&C	D&C+\$150	D&C	D&C+\$150	91.4%	60.5%	\$100.00	a,b,c,d
Platinum 14	100%	\$150	\$150	\$150	\$150			\$75.00	c,d

Methodology

- An effective coinsurance for Per-Occurrence Deductibles on Imaging services and Outpatient facility fee was calculated based on unit costs derived from UnitedHealthcare's proprietary pricing model.
- Actuarial Value is the blend of Free-Standing and Hospital setting run, where weight of Free Standing and Hospital Setting are adjusted based on actual utilization of free standing and hospital facilities by service categories.
- Specialty Rx: Entered the Rx Tier cost share with the highest specialty drug utilization per UnitedHealthcare's proprietary pricing model.
- See Exhibit 2 for plan benefit description, and for tie-in to benefit plan name.

Certification

For plan design features that do not fit into the parameters of the AV Calculator, I certify that both the methodology and the calculated estimated values are in accordance with generally accepted actuarial principles and methodologies.



Daniel Akier, ASA, MAAA



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E-Mail: daniel_c_akier@uhc.com

May 1, 2017

Efren Tanhehco, Actuary
DC Department of Insurance Securities & Banking
810 First Street, NE Suite 701
Washington, DC 20002

Re: UnitedHealthcare of the Mid-Atlantic, Inc.
Small Group Rate Filing

Dear Mr. Tanhehco:

This rate filing presents proposed premium rates effective January 1, 2018 through December 31, 2018 for medical and Rx benefit plans to be sold by UnitedHealthcare of the Mid-Atlantic, Inc. to small group employers. The benefit plans and rates are for non-grandfathered employers.

A. Company Name: UnitedHealthcare of the Mid-Atlantic, Inc.

B. NAIC Company Code: 95025

C. SERFF Tracking #: UHLC-131016390

D. Date Filing Submitted: 05/01/2017

E. Proposed Effective Date: 1/1/2018

F. Type of Product: Medical and prescription drug insurance.

G. Market: Small group, employers with 50 or fewer eligible employees.

H. Scope and Purpose of Filing: 2018 rates for small group plans meeting the requirements of the Patient Protection and Affordable Care Act (PPACA).

I. Initial Filing or Rate Change: Initial filing for 2018, rate change to previously filed and approved 2017 rates.

J. Rates apply to existing DC policyholders.

K. Overall Premium Impact of Filing on DC Policyholders: An average 9.5% renewal rate increase.

L. Contact Information: Dan Akier, 860-702-5868, fax: 860-702-5016, daniel_c_akier@uhc.com.

If you have any questions, please do not hesitate to call.

Sincerely,

Daniel Akier, ASA, MAAA
Actuary, UnitedHealthcare

Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company UnitedHealthcare of the Mid-Atlantic, Inc.

SERFF tracking number UHLC-131016390

Submission Date May 1, 2017

Product Name Medical and Prescription Drug Insurance

Market Type ☐ Individual ☒ Small Group

Rate Filing Type ☒ Rate Increase ☐ New Filing

Scope and Range of the Increase:

The 10.2% increase is requested because:

To cover Essential Health Benefit requirements and other healthcare reform related costs.

This filing will impact:

of policyholder's 43

of covered lives 127

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved 9.5 %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved -2.0 %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved 14.0 %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

The group's rate is based on the benefit plan selected and the attained ages of the members at the beginning of the policy period.

Financial Experience of Product

The overall financial experience of the product includes:

Calendar year 2016 earned premium of \$244,780 from 1004 member months of coverage.

The rate increase will affect the projected financial experience of the product by:

The projected loss ratio using the Federal prescribed MLR methodology is 85.3%

Components of Increase

The request is made up of the following components:

Trend Increases – 10.2 % of the 10.2 % total filed increase

1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is % of the % total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is % of the % total filed increase.

Other Increases – % of the % total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is % of the % total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is % of the % total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is % of the % total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is % of the % total filed increase.

5. Other – Defined as:

This component is % of the % total filed increase.

RATE FILING REQUIREMENTS INDIVIDUAL AND SMALL GROUP
PLANS SOLD ON DC HEALTH LINK
CHECK-LIST

INSTRUCTIONS: Include all required elements in the table below with the filed rates. The data elements listed in the Actuarial Memorandum should be consistent with the cover letter, if applicable.

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	Actuarial Memo
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	Actuarial Memo
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial memorandum.	Yes	Actuarial Memo
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	Actuarial Memo
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	Actuarial Memo
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non-grandfathered, or a mixture of both.	Yes	Actuarial Memo
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	Actuarial Memo

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	Exhibit 1
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. In the small group market, please also provide weighted average rate increase requested for 2016Q1 over 2015Q1; etc.	Yes	Actuarial Memo
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Actuarial Memo
10	Minimum Rate Increase Requested	The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Actuarial Memo
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	Actuarial Memo
12	Average Renewal Rate Increase for a Year	Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID.	Yes	Actuarial Memo
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for District of Columbia and the nationwide average rate history.	Yes	Actuarial Memo
14	Exposure	Current number of policies, certificates and covered lives.	Yes	Actuarial Memo

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	Exhibit A
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	Exhibit A
17	Index Rate	Provide the index rate.	Yes	Actuarial Memo
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	Actuarial Memo
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	Yes	Actuarial Memo
19	Trend Assumption	Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions.	Yes	Exhibit T
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost-sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes.	Yes	Actuarial Memo Exhibit 4
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes.	Yes	Actuarial Memo Exhibit 4

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
22	Plan Relativities	For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders. For initial filings, provide the derivation of any new plan factors.	Yes	Actuarial Memo Exhibit 3
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes.	Yes	Actuarial Memo Exhibit 1 Exhibit 3
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing.	Yes	Actuarial Memo
24	Distribution of Rate Increases	Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group.	Yes	DISB Actuarial Memo Dataset
25	Claim Reserve Needs	Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any.	Yes	Actuarial Memo Exhibit A Part III Act'l Memo
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation. Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Actuarial Memo

Number	Data Element	Requirement Description	Individual/and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
27	Taxes and Licensing or Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Actuarial Memo
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in District of Columbia, the loss ratio meets the minimum.	Yes	Actuarial Memo
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	Actuarial Memo

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	Actuarial Memo
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the company's surplus position.	Yes	Actuarial Memo

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
32	Past and Prospective Expenses	<p>Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change.</p> <p>Provide the assumed administrative costs in the following categories:</p> <ul style="list-style-type: none"> • Salaries, wages, employment taxes, and other employee benefits • Commissions • Taxes, licenses, and other regulatory fees • Cost containment programs / quality improvement activities • All other administrative expenses • Total 	Yes	Actuarial Memo
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	Actuarial Memo
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	Yes	Actuarial Memo
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	Actuarial Memo

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet --- Provide this document with all Grandfathered plan filings. Provide in Excel and PDF format.	N/a	N/a
36.1	Unified Rate Review Template (Non-Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. Provide in Excel and PDF format.	Yes	Separate Document in SERFF
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are “subject to review” as defined by HHS).	Yes	Separate Document in SERFF
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non-Grandfathered plan filings. Provide in Excel format only.	Yes	Separate Document in SERFF
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	Separate Document in SERFF
40	Summary of Components for Requested Rate Change	DISB will require that issuers provide a chart listing a) any and all components of requested rate changes from the prior year; b) a quick summary/explanation of the change; and c) the actual percentage impact of the change for each component, such that the total for all components listed equals the total percentage change requested for the plan year.	Yes	Exhibit 3

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
41	CClIO Risk Adjustment Transfer Elements Extract (RATE 'E')	Received directly from CClIO; this report should be completed and submitted by the set deadline for QHP submissions, or by April 30 th of the current year, whichever is first.	Yes	Actuarial Memo
42	Additional Requirements for Stand-Alone Dental Plan Filings	Provide the following for stand-alone dental plan filings: <ul style="list-style-type: none"> • Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule; • Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and • Demonstration that the plan has a reasonable annual limitation on cost-sharing. 	N/a	N/a

CERTIFYING SIGNATURE

The undersigned representative of the organization submitting this rate filing attests that all items contained in the above checklist have been included in the filing to the best of the company's ability.

Daniel Akier

(Print Name)

Daniel Akier

(Signature)

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	50%
		2nd Tier Utilization:	50%

- Deductible (\$)
- Coinurance (% , Insurer's Cost Share)
- MOOP (\$)
- MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$250.00	\$0.00	\$0.00
100.00%	100.00%	0.00%
\$2,000.00		\$0.00
\$0.00	\$0.00	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
\$250.00	\$0.00	\$0.00
100.00%	100.00%	0.00%
\$2,000.00		\$0.00
\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	\$168.04	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	\$168.04	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	61%	\$155.43	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Platinum 1

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

89.20%

Metal Tier:

Platinum

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the de

Calculation Time:

0.2148 seconds

2018 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

- Deductible (\$)
- Coinsurance (% , Insurer's Cost Share)
- MOOP (\$)
- MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$250.00	\$100.00	\$0.00
90.00%	90.00%	0.00%
\$3,500.00		\$0.00
\$0.00	\$0.00	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
\$250.00	\$100.00	\$0.00
90.00%	90.00%	0.00%
\$3,500.00		\$0.00
\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Platinum 3

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

89.50%

Metal Tier:

Platinum

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the de

Calculation Time:

0.082 seconds

2018 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

Platinum

- Deductible (\$)
- Coinurance (% , Insurer's Cost Share)
- MOOP (\$)
- MOOP if Separate (\$)

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	50%
		2nd Tier Utilization:	50%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$0.00	\$0.00	\$0.00
100.00%	100.00%	0.00%
\$5,000.00		\$0.00
\$0.00	\$0.00	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
\$0.00	\$0.00	\$0.00
100.00%	100.00%	0.00%
\$5,000.00		\$0.00
\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	82%	\$100.83	<input type="checkbox"/>	<input checked="" type="checkbox"/>	82%	\$100.83	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	65%	\$93.26	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Platinum 4

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

88.39%

Metal Tier:

Platinum

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.1797 seconds

2018 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	58%
		2nd Tier Utilization:	42%

- Deductible (\$)
- Coinsurance (% , Insurer's Cost Share)
- MOOP (\$)
- MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$0.00	\$0.00	\$0.00
100.00%	100.00%	0.00%
\$2,500.00		\$0.00
\$0.00	\$0.00	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
\$0.00	\$0.00	\$0.00
100.00%	100.00%	0.00%
\$2,500.00		\$0.00
\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	78%	\$125.41	<input type="checkbox"/>	<input checked="" type="checkbox"/>	78%	\$125.41	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	55%	\$121.63	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Platinum 6

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

88.55%

Metal Tier:

Platinum

Additional Notes:

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.1836 seconds

2018 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

- Deductible (\$)
- Coinsurance (% , Insurer's Cost Share)
- MOOP (\$)
- MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$0.00	\$0.00	\$0.00
100.00%	100.00%	0.00%
\$3,000.00		\$0.00
\$0.00	\$0.00	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
\$0.00	\$0.00	\$0.00
0.00%	0.00%	0.00%
\$0.00		\$0.00
\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-10):

Plan Description:

Name: Platinum 14

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

2018 AV Calculator

Calculation Successful.

88.96%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0586 seconds

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☒

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate OOP Maximum for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$1,500.00	\$0.00	\$0.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%
MOOP (\$)	\$0.00		\$2,800.00	\$0.00		\$0.00
MOOP if Separate (\$)	\$0.00	\$0.00		\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name: Gold 7
Plan HIOS ID:
Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

81.04%

Metal Tier:

Gold

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the de

Calculation Time:

0.1094 seconds

2018 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☐

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate OOP Maximum for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	50%
		2nd Tier Utilization:	50%

Deductible (\$)

Coinurance (% , Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$1,000.00	\$0.00	\$0.00
80.00%	80.00%	0.00%
\$3,750.00		\$0.00
\$0.00	\$0.00	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
\$1,000.00	\$0.00	\$0.00
80.00%	80.00%	0.00%
\$3,750.00		\$0.00
\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	58%	\$168.04	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	58%	\$168.04	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	79%	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	\$155.43	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name: Gold 8

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

2018 AV Calculator

Calculation Successful.

81.61%

Gold

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the de

0.1562 seconds

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☐

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate OOP Maximum for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	50%
		2nd Tier Utilization:	50%

Deductible (\$)

Coinurance (% , Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$750.00	\$0.00	\$0.00
80.00%	80.00%	0.00%
\$5,000.00		\$0.00
\$0.00	\$0.00	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
\$750.00	\$0.00	\$0.00
80.00%	80.00%	0.00%
\$5,000.00		\$0.00
\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	58%	\$168.04	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	58%	\$168.04	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%	\$155.43	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

☐

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

0

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name:Gold 10

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

81.98%

Metal Tier:

Gold

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the de

Calculation Time:

0.1445 seconds

2018 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☒

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate OOP Maximum for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	69%
		2nd Tier Utilization:	31%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$1,400.00	\$0.00	\$0.00	\$1,400.00
Coinsurance (% , Insurer's Cost Share)	0.00%	0.00%	100.00%	0.00%	0.00%	100.00%
MOOP (\$)	\$0.00		\$3,500.00	\$0.00		\$3,500.00
MOOP if Separate (\$)	\$0.00	\$0.00		\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	83%	\$100.83	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	83%	\$100.83	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	\$93.26	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

☐

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

0

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name: Gold 11
Plan HIOS ID:
Issuer HIOS ID:

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 79.63%

Metal Tier: Gold

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the de

Calculation Time: 0.2109 seconds

2018 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☒

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate OOP Maximum for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	69%
		2nd Tier Utilization:	31%

Deductible (\$)

Coinurance (% , Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$0.00	\$0.00	\$2,000.00
0.00%	0.00%	100.00%
\$0.00		\$3,500.00
\$0.00	\$0.00	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
\$0.00	\$0.00	\$2,000.00
0.00%	0.00%	100.00%
\$0.00		\$3,500.00
\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	83%	\$100.83	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	83%	\$100.83	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	77%	\$93.26	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

☐

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

0

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name:

Gold 11-Navigate

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

76.37%

Metal Tier:

Gold

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the de

Calculation Time:

0.1719 seconds

2018 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- ☐

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Desired Metal Tier

Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input checked="" type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	50%
		2nd Tier Utilization:	50%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$5,000.00	
MOOP if Separate (\$)	\$0.00	\$0.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinurance (% , Insurer's Cost Share)	100.00%	100.00%
MOOP (\$)	\$5,000.00	
MOOP if Separate (\$)	\$0.00	\$0.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%	\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	93%	\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	72%	\$168.04	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	72%	\$168.04	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	72%	\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	72%	\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	72%	\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	72%	\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	62%	\$155.43	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Gold 13
Plan HIOS ID:
Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

81.88%

Metal Tier:

Gold

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the de

Calculation Time:

0.1875 seconds

2018 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- ☐

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Desired Metal Tier

Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$250
Coinsurance (% , Insurer's Cost Share)	80.00%	80.00%
MOOP (\$)	\$4,500.00	
MOOP if Separate (\$)	\$0.00	\$0.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$250
Coinsurance (% , Insurer's Cost Share)	80.00%	80.00%
MOOP (\$)	\$4,500.00	
MOOP if Separate (\$)	\$0.00	\$0.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	79%	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	47%	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	47%	\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8%	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Gold 14 - Flex Free - Run 1
Plan HIOS ID:
Issuer HIOS ID:

.7997*.3519+.8217*.1581+.7658*.3381+.7852*.1519=.7895

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

79.97%

Metal Tier:

Gold

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the de

Calculation Time:

0.082 seconds

2018 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$250
Coinsurance (% , Insurer's Cost Share)	80.00%	80.00%
MOOP (\$)	\$4,500.00	
MOOP if Separate (\$)	\$0.00	\$0.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$250
Coinsurance (% , Insurer's Cost Share)	80.00%	80.00%
MOOP (\$)	\$4,500.00	
MOOP if Separate (\$)	\$0.00	\$0.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	47%	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	47%	\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Gold 14 - Flex Free - Run 2
Plan HIOS ID:
Issuer HIOS ID:

.7997*.3519+.8217*.1581+.7658*.3381+.7852*.1519=.7895

Output

Calculate

Status/Error Messages:

Error: Result is outside of +/- 2 percent de minimis variation.

Actuarial Value:

82.17%

Metal Tier:

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the de

Calculation Time:

0.0859 seconds

2018 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate OOP Maximum for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$250
Coinsurance (% , Insurer's Cost Share)	80.00%	80.00%
MOOP (\$)	\$4,500.00	
MOOP if Separate (\$)	\$0.00	\$0.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$250
Coinsurance (% , Insurer's Cost Share)	80.00%	80.00%
MOOP (\$)	\$4,500.00	
MOOP if Separate (\$)	\$0.00	\$0.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	79%	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	47%	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	47%	\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8%	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-10):

Plan Description:

Name: Gold 14 - Flex Free - Run 3

Plan HIOS ID:

Issuer HIOS ID:

.7997*.3519+.8217*.1581+.7658*.3381+.7852*.1519=.7895

Output

Calculate

Status/Error Messages:

Error: Result is outside of +/- 2 percent de minimis variation.

Actuarial Value:

76.58%

Metal Tier:

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the de

Calculation Time:

0.082 seconds

2018 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☐

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate OOP Maximum for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Deductible (\$)

Coinsurance (% , Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$1,000.00	\$250	\$0.00
80.00%	80.00%	0.00%
\$4,500.00		\$0.00
\$0.00	\$0.00	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
\$1,000.00	\$250	\$0.00
80.00%	80.00%	0.00%
\$4,500.00		\$0.00
\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	47%	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	47%	\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

☐

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name:Gold 14 - Flex Free - Run 4

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

2018 AV Calculator

Calculation Successful.

78.52%

Gold

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the de

0.0898 seconds

.7997*.3519+.8217*.1581+.7658*.3381+.7852*.1519=.7895

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- ☐

☐

☐

☐

☐

Desired Metal Tier

Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$250.00
Coinurance (% , Insurer's Cost Share)	80.00%	80.00%
MOOP (\$)	\$6,500.00	
MOOP if Separate (\$)	\$0.00	\$0.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinurance (% , Insurer's Cost Share)	0.00%	0.00%
MOOP (\$)	\$0.00	
MOOP if Separate (\$)	\$0.00	\$0.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Gold 21 - Primary Adv
Plan HIOS ID:
Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

79.89%

Metal Tier:

Gold

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the de

Calculation Time:

0.0898 seconds

2018 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☐

Apply Inpatient Copay per Day?

☒

Apply Skilled Nursing Facility Copay per Day?

☒

Use Separate OOP Maximum for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	69%
		2nd Tier Utilization:	31%

Deductible (\$)

Coinurance (% , Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$0.00	\$0.00	\$0.00
100.00%	100.00%	0.00%
\$7,350.00		\$0.00
\$0.00	\$0.00	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
\$0.00	\$0.00	\$0.00
100.00%	100.00%	0.00%
\$7,350.00		\$0.00
\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$1,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

☒

Days (1-10):

3

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name: Gold 22 - All Copay

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

2018 AV Calculator

Calculation Successful.

79.38%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.1602 seconds

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☐

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate OOP Maximum for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	58%
		2nd Tier Utilization:	42%

Deductible (\$)

Coinsurance (% , Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$2,000.00	\$250.00	\$0.00
70.00%	70.00%	0.00%
\$7,300.00		\$0.00
\$0.00	\$0.00	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
\$2,000.00	\$250.00	\$0.00
70.00%	70.00%	0.00%
\$7,300.00		\$0.00
\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

☐

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name: Silver 8 - FS
Plan HIOS ID:
Issuer HIOS ID:

.7096*.2503+.7195*.7497=.7170

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

2018 AV Calculator

Calculation Successful.

70.96%

Silver

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the de

0.1641 seconds

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- ☐

☐

☐

☐

☐

Desired Metal Tier

Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$250.00
Coinsurance (% , Insurer's Cost Share)	70.00%	70.00%
MOOP (\$)	\$7,300.00	
MOOP if Separate (\$)	\$0.00	\$0.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
\$0.00	\$0.00	\$0.00
0.00%	0.00%	0.00%
\$0.00		\$0.00
\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Copays (1-10):

Plan Description:

Name: Silver 8 - H
Plan HIOS ID:
Issuer HIOS ID:

.7096*.2503+.7195*.7497=.7170

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.95%

Metal Tier:

Silver

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the de

Calculation Time:

0.0977 seconds

2018 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☒

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate OOP Maximum for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	69%
		2nd Tier Utilization:	31%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$2,600.00	\$0.00	\$0.00	\$2,600.00
Coinsurance (% , Insurer's Cost Share)	0.00%	0.00%	100.00%	0.00%	0.00%	100.00%
MOOP (\$)	\$0.00		\$6,500.00	\$0.00		\$6,500.00
MOOP if Separate (\$)	\$0.00	\$0.00		\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73%	\$168.04	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73%	\$168.04	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	46%	\$155.43	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name: Silver 11
Plan HIOS ID:
Issuer HIOS ID:

Output

Calculate

Status/Error Messages:Calculation Successful.

Actuarial Value:69.55%

Metal Tier:Silver

Additional Notes:NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the de

Calculation Time:0.1836 seconds

2018 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☒

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate OOP Maximum for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	69%
		2nd Tier Utilization:	31%

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00	\$3,500.00	\$0.00	\$0.00	\$3,500.00
Coinurance (% , Insurer's Cost Share)	0.00%	0.00%	100.00%	0.00%	0.00%	100.00%
MOOP (\$)	\$0.00		\$6,650.00	\$0.00		\$6,650.00
MOOP if Separate (\$)	\$0.00	\$0.00		\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73%	\$168.04	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	73%	\$168.04	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	46%	\$155.43	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

☐

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name: Silver 11-Navigate
Plan HIOS ID:
Issuer HIOS ID:

Output

Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 66.18%

Metal Tier: Silver

Additional Notes: NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the de

Calculation Time: 0.1719 seconds

2018 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☐

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate OOP Maximum for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Deductible (\$)

Coinurance (% , Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$3,000.00	\$250	\$0.00
70.00%	70.00%	0.00%
\$6,850.00		\$0.00
\$0.00	\$0.00	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
\$3,000.00	\$250	\$0.00
70.00%	70.00%	0.00%
\$6,850.00		\$0.00
\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	62%	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	62%	\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	69%	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	42%	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	42%	\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9%	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

☐

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name: Silver 12 - Flex Free - Run 1

Plan HIOS ID:

Issuer HIOS ID:

.7210*.3519+.7443*.1581+.6682*.3381+.6859*.1519=.7015

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

2018 AV Calculator

Error: Result is outside of +/- 2 percent de minimis variation.

72.10%

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the de

0.0977 seconds

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☐

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate OOP Maximum for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Deductible (\$)

Coinsurance (% , Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$3,000.00	\$250	\$0.00
70.00%	70.00%	0.00%
\$6,850.00		\$0.00
\$0.00	\$0.00	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
\$3,000.00	\$250	\$0.00
70.00%	70.00%	0.00%
\$6,850.00		\$0.00
\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	62%	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	62%	\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	100%		<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	42%	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	42%	\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

☐

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name: Silver 12 - Flex Free - Run 2

Plan HIOS ID:

Issuer HIOS ID:

.7210*.3519+.7443*.1581+.6682*.3381+.6859*.1519=.7015

Output

Calculate

Status/Error Messages:

Error: Result is outside of +/- 2 percent de minimis variation.

Actuarial Value:

74.43%

Metal Tier:

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the de

Calculation Time:

0.1016 seconds

2018 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☐

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate OOP Maximum for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Deductible (\$)

Coinurance (% , Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$3,000.00	\$250	\$0.00
70.00%	70.00%	0.00%
\$6,850.00		\$0.00
\$0.00	\$0.00	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
\$3,000.00	\$250	\$0.00
70.00%	70.00%	0.00%
\$6,850.00		\$0.00
\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	62%	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	62%	\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	69%	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	42%	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	42%	\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9%	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

☐

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name: Silver 12 - Flex Free - Run 3

Plan HIOS ID:

Issuer HIOS ID:

.7210*.3519+.7443*.1581+.6682*.3381+.6859*.1519=.7015

Output

Calculate

Status/Error Messages:

Error: Result is outside of +/- 2 percent de minimis variation.
66.82%

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the de
0.0898 seconds

2018 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☐

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate OOP Maximum for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Deductible (\$)

Coinsurance (% , Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$3,000.00	\$250	\$0.00
70.00%	70.00%	0.00%
\$6,850.00		\$0.00
\$0.00	\$0.00	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
\$3,000.00	\$250	\$0.00
70.00%	70.00%	0.00%
\$6,850.00		\$0.00
\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	62%	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	62%	\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	42%	\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	42%	\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

☐

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name: Silver 12 - Flex Free - Run 4

Plan HIOS ID:

Issuer HIOS ID:

.7210*.3519+.7443*.1581+.6682*.3381+.6859*.1519=.7015

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

2018 AV Calculator

Calculation Successful.

68.59%

Silver

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the de

0.0703 seconds

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☐

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate OOP Maximum for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design			
	Medical	Drug	Combined
Deductible (\$)	\$4,450.00	\$250.00	\$0.00
Coinsurance (% , Insurer's Cost Share)	80.00%	80.00%	0.00%
MOOP (\$)	\$7,350.00		\$0.00
MOOP if Separate (\$)	\$0.00	\$0.00	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
\$0.00	\$0.00	\$0.00
0.00%	0.00%	0.00%
\$0.00		\$0.00
\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

☐

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name: Silver 15 - Primary Adv
Plan HIOS ID:
Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

71.98%

Metal Tier:

Silver

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the de

Calculation Time:

0.0898 seconds

2018 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- ☐

☐

☐

☐

☐

Desired Metal Tier

Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	100%
		2nd Tier Utilization:	0%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$5,500.00	\$250.00
Coinurance (% , Insurer's Cost Share)	80.00%	80.00%
MOOP (\$)	\$7,350.00	
MOOP if Separate (\$)	\$0.00	\$0.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinurance (% , Insurer's Cost Share)	0.00%	0.00%
MOOP (\$)	\$0.00	
MOOP if Separate (\$)	\$0.00	\$0.00

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	71%	\$250.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Visits (1-10):

Begin Primary Care Deductible/Coinurance After a Set Number of Copays?

Copays (1-10):

Plan Description:

Name: Silver 16 - Primary Adv
Plan HIOS ID:
Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

70.72%

Metal Tier:

Silver

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the de

Calculation Time:

0.1055 seconds

2018 AV Calculator

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☐

Apply Inpatient Copay per Day?

☒

Apply Skilled Nursing Facility Copay per Day?

☒

Use Separate OOP Maximum for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	69%
		2nd Tier Utilization:	31%

Deductible (\$)

Coinurance (% , Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$0.00	\$0.00	\$0.00
100.00%	100.00%	0.00%
\$7,350.00		\$0.00
\$0.00	\$0.00	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
\$0.00	\$0.00	\$0.00
100.00%	100.00%	0.00%
\$7,350.00		\$0.00
\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input type="checkbox"/>		\$700.00	<input type="checkbox"/>	<input type="checkbox"/>		\$700.00	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input type="checkbox"/>	<input type="checkbox"/>		\$2,000.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$850.00	<input type="checkbox"/>	<input type="checkbox"/>		\$850.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>		\$2,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

Set a Maximum Number of Days for Charging an IP Copay?

☒

Days (1-10):

3

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name: Silver 17 - All Copay

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

2018 AV Calculator

Calculation Successful.

71.79%

Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.2031 seconds

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

☒

Apply Inpatient Copay per Day?

☐

Apply Skilled Nursing Facility Copay per Day?

☐

Use Separate OOP Maximum for Medical and Drug Spending?

☐

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

☐

Desired Metal Tier

Bronze

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	0%
		2nd Tier Utilization:	100%

Deductible (\$)

Coinsurance (% , Insurer's Cost Share)

MOOP (\$)

MOOP if Separate (\$)

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
\$0.00	\$0.00	\$6,650.00
0.00%	0.00%	100.00%
\$0.00		\$6,650.00
\$0.00	\$0.00	

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
\$0.00	\$0.00	\$0.00
0.00%	0.00%	0.00%
\$0.00		\$0.00
\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

☐

Specialty Rx Coinsurance Maximum:

☐

Set a Maximum Number of Days for Charging an IP Copay?

☐

Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

☐

Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

☐

Copays (1-10):

Plan Description:

Name: Bronze 4

Plan HIOS ID:

Issuer HIOS ID:

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

2018 AV Calculator

Calculation Successful.

60.22%

Bronze

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the de

0.0586 seconds

Expanded Bronze Plan

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate OOP Maximum for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier

Bronze

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:	\$0.00	1st Tier Utilization:	0%
		2nd Tier Utilization:	100%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$5,250.00	\$500.00
Coinsurance (% , Insurer's Cost Share)	80.00%	80.00%
MOOP (\$)	\$7,350.00	
MOOP if Separate (\$)	\$0.00	\$0.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
\$0.00	\$0.00	\$0.00
0.00%	0.00%	0.00%
\$0.00		\$0.00
\$0.00	\$0.00	

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MHSU)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%		<input type="checkbox"/>	<input type="checkbox"/>	100%			
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$120.00	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: Bronze 5
Plan HIOS ID:
Issuer HIOS ID:

Expanded Bronze Plan

Output

Calculate

Status/Error Messages:

Error: Result is outside of +/- 2 percent de minimis variation.

Actuarial Value:

64.97%

Metal Tier:

Additional Notes:

NOTE: One or more services are not subject to the deductible and have no copay. Any service with this cost-sharing structure is covered at 100% by the plan in the de

Calculation Time:

0.0898 seconds

2018 AV Calculator